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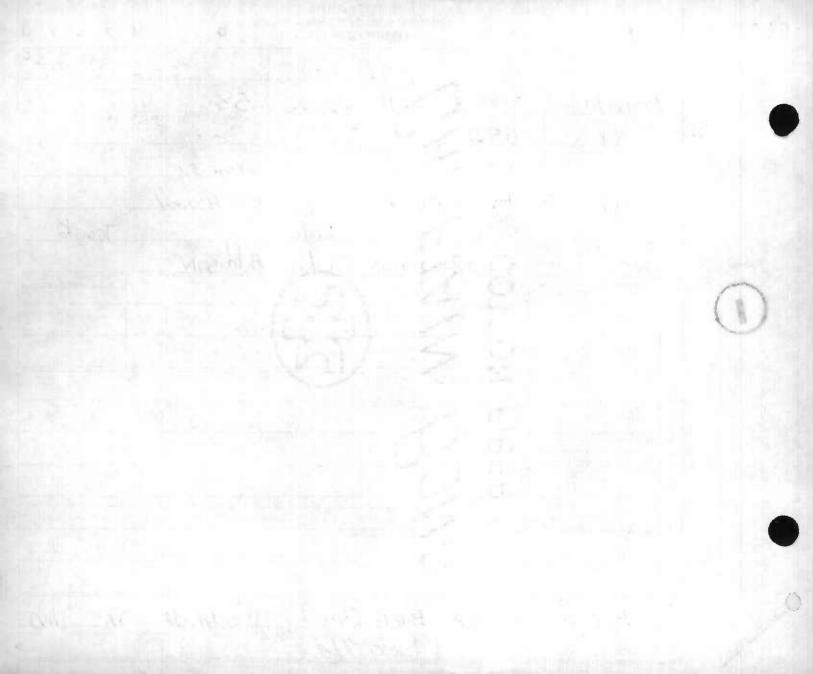
STATE OF MARYLAND

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i e		FOR STATE? REGISTRAR	0	9 2	9 8				
1000		CEASED NAME MADEL	RACE	5. DATE OF BI	SON RTH YEAR	20. DATE OF DEATH A		S7 DERIVEAR II	FUNDER HARS
生	3	OUNTRY) Va	CITIZEN OF WHAT CO	MARRIED WIDOWED		9. BALTIMORE CITY OF	1		MD.
8	E	TO DE TOWN OF DEATH	(IF NOTIN SUCH FACILITY, G	Figi	THER INSTITUTION	TYPE OF WORK FOR MOST OF		IDUSTRY	BUSINESS OR
5	13a.5	TATE MAME	h. IBCCITY	SONVI 16 13d	MOTHER'S MAIDEN NA	P.O. BOX	ZIP CODE	216	,38
E		MID VAS DECEASED EVER IN U.S. ARME		LAST	Lillie	MIDDLE ADDRES	SS S	Tead	k
Z		VES HOOR UNKNOWN) (IF YES GIVE W		30.3438	John	Addison		ADEDOVIA	ATE IN(TERVA)
		18 CAUSE OF DEATH TEnter only of PART I. DEATH WAS CAUSED E IMMEDIATE (BY:	and inch	uline -			BETWEEN ON	ATE INTERVAL ISET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	schemic	condisony	pathy			
	NOI	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE OR CONE	ITION GIVEN IN	PART Ita	
2	FICAT	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION W	AS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	CAUSES O	
9	ICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	NTH DAY YEAR		RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
1	MEDIC	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	Y, OFFICE, FARM, ETC.)	LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
		270. I certify that (1) (this haspital saw the deceased alive a abave, (1) (we) (did not). 27b. SIGNATURE.	to I	th. 19 87, and th	not in (ny) (our) apinion	deoth accurred on the do			
1		226 PHYSICIANS NAME TYPE OR PI	, M	22	ATTENDING PHYSICIAN ADDRESS	MEDICAL STAF DIRECTOR PHYSIC		3/13	3/87
		BURIAL, CREMATION, REMOVAL	3/18/87	Earl's	Clane I	23d. LOCATION CITY OF TOWN TREOD. BY THE STRAR	Money 0	SSIGNATUI	STATE RE

DHMH - 16 60M 7/84

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO .DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTI Charlotte UG 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Sept 17, 1916 70 Caucasian Female 7b. CITIZEN OF WHAT COUNTRY? O BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U. S. A. Virginia WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Housewife Home USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 135 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Talbot Maryland Easton Black Dog Alley 21601 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Arthur Walsh Evelvn McAllen 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS LYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 213184815 Thornton, Baltimore, Md No Mildred C. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) と意 DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.O. DIVISION OF VITAL RECORDS, 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OI HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINERS 19 MEDIC, 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from 24 1987 sow the deceased alive on_ and that in (my) (par) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIANCE DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE ORPRINT) 22a. ADDRESS 2160 HODEJ 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 13c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 3/28/87 Ridgely Cemetery Ridaelv Burial DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

4/10

Construction of the South

FOR

REGISTRAR

- ORENCE

Talbot

D.

76. CITIZEN OF WHAT COUNTRY?

White

ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

MIDDLE

Wright

U.S.A.

1. DECEASED NAME (TYPE OR PRINT)

Female

Maryland

Maryland

Walter

4 FATHER'S NAME

3a. STATE

O BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

STATE

STATE OF MARYLAND

5. DATE OF BIRTH

MONTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13c. CITY OR TOWN

Cordova

LAST

Davis

166 SOCIAL SECURITY NO 214-46-4118

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

10

MARRIED X NEVER MARRIED

13d INSIDE CITY LIMITS?

13e STREET ADDRESS / ZIP CODE Rt 1 Box 306

(TYPE OF WORK FOR MOST OF WORKING LIFE)

MIDDLE

BALTIMORE CITY OR COUNTY OF DEATH

REG. NO

2a. DATE OF DEATH

Clerk

6. AGE (IN YEARS LAST BIRTHDAY)

21625

LAST

Wooley

Laundry

INDUSTRY

126. KIND OF BUSINESS OR

IF UNDER I YEAR

IF UNDER 24 HRS

Grace 17 INFORMANT ADDRESS

YEAR

13

DIVORCED [

NO X

15. MOTHER'S MAIDEN NAME

FIRST

Glifford S Andrew Rt 1 Box 306 Cordova MD

18 CAUSE OF DEATH (Enter only on PART). DEATH WAS CAUSED BY IMMEDIATE C		I LEARCE CONGESTIVE HE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	DIEDER CARSINAYORITHY,	Possising FEW YEARS

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	ATION	N WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO NO [
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YE P.M.	EAR 19	21c. HOW INJURY OCCURRED	D (ENTER NA	ATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)				
21d INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION STREET		CITY OR TOW	/N	COUNTY	STAT			

NOT WHILE 3/21 22a.1 certify that (Mathis hospital) attended the deceased from and that in (my) is bur) apinian death accurred an the date and have and from the causes stated saw the deceased alive a

abave, (1) and letical felial many vice the body after death DEGREE 22c. DATE SIGNED 226 SIGNATURE M ATTENDING DIRECTOR PHYSICIAN

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial 3/26/87 Spring Hill Cemetery 24. FUNERAL DIRECTOR

Easton Talbot 250 DATE REC'D. BY REGISTRAR 256-REGISTRAR'S SIGNATURE

Newnam Funeral Home

Easton, Maryland

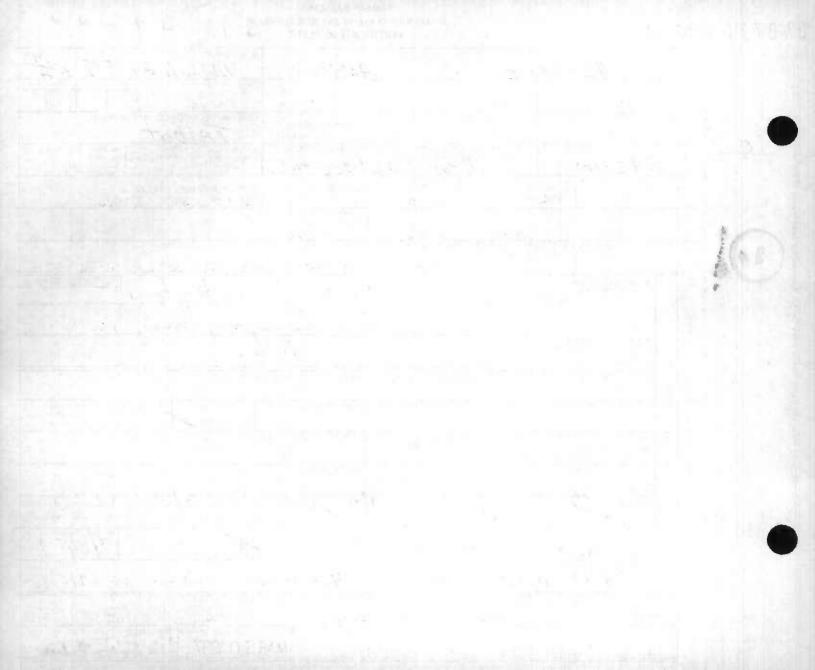
CITY OR TOWN

Deorder

MD

DHMH - 16 60M 7/84 (VRA 15, 4)

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9 4 5 MAR 13	7- 5	OR STATE REGISTRAR	DEP	ARTMENT OF HE	ALTH AND MENTAL HYG CATE OF DEATH	IENE /	0 9 3	0 1
y be 3 death	I. DECE (TYPE OR	ASED NAME FIRST	MIDDLE	Sa	iley	Februar	MONTH DAY Y	EAR 26 HOUR
Page 4 mo	3. SEX	MALE HPLACE (STATE OR FOREIGN	PACE BLACK 76 CITIZEN OF WHAT COUN	5. DATE Q	24 04 	6. AGE (IN YEARS LAST OF	YRS	DAYS HOURS MIN
funeral inthin 72 h	COL	OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	MARRIED WIDOWEL	400	12a USUAL OCCUPATION OF WORK FOR MOSTION	507 126. K	MD IND OF BUSINESS OR
A see see see see see see see see see se	MSUAL 130 STA	AII	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	Retical 130.STREET ADDRESS	ZIP CODE	21647
1 1200	14 FATH	HER'S NAME FIRST	MIDDLE RELLANDE	iniel-	YES NO P 15. MOTHER'S MAIDEN NAI	ME MIDDLE	Humon)	LAST
medical		S DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO.	Boktha Wil	ADDRE	BX 100 20	istor MJ
U	11	PART I. DEATH WAS CAUSEI IMMEDIAT	E CAUSE (a)	atorney	Arrest		DET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
but the death by the attend sis remove (o) after troumpl		Conditions, if ony, which gave rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A CONS	statio	Alenousees	non of us	howing	memori
requires the plant of the barro		ART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING					
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ding physical and control of the con	CAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 218 PLACE OF INJURY	19	21 LOCATION			
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ALOR ATTER the hospital ALDIRECTO elected for the Dept. of the Dept. of	2	sow the deceased alive on above, (I) we (fild) (did not 24 SIGNATOR)			egree ATTENDING PHYSICIAN [MEDICAL STAP	27c	m the causes stated DATE SIGNED
TO HOSPITA TO FUNERA should be di with the Stor	8	A PHYSICIAN'S JAME THE	a relief		22e ADDRESS			
BP		RIAL, CREMATION, REMOVAL	236. DATE 2/23/87		METERY OR CREMATORY	23d. LOCATION CITY OF TOWN	a Tol	- WU STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUN	ERAL DIRECTOR		RESS	ADVIN MAR	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SI	CNATURE

HARLENGE LEGISLE CONTRACTOR OF THE STATE OF

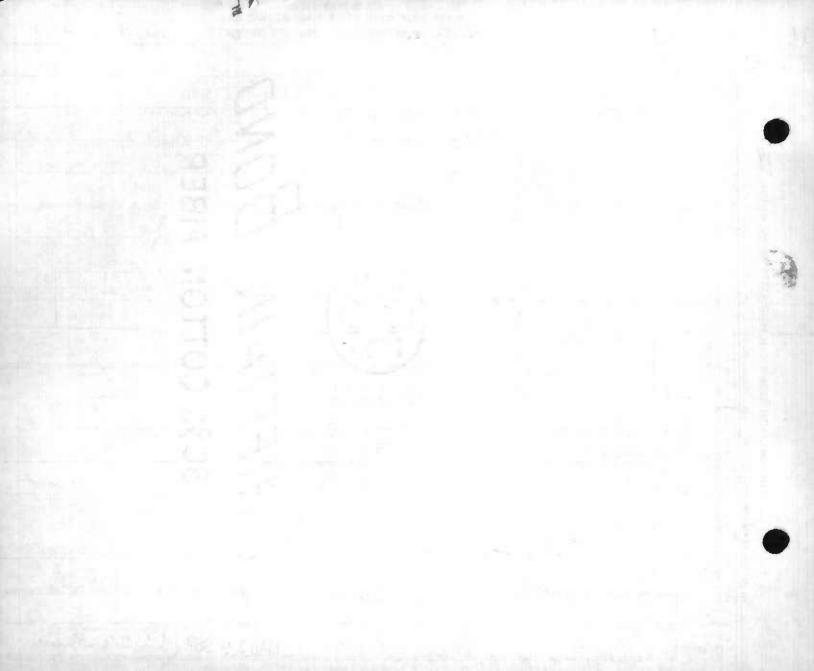
1,	80	9911	IAR 2	1 77	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	HYGIENE / O REG. NO.	9302
	oy be	poge 3			CEASED NAME FIRST OR PRINT) Enm	A JAYE	Bowser 15. Date Of Birth	20. DATE OF DEATH MONTH MARCH 6. AGE (IN YEARS LAST BIRTHDAY)	1 1990 141
	oge 4 m	dra for g	-	1	FEMALE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	AUQ 9, 1896		MONTHS DAYS HOURS MIN.
	deoth P	100	20	1	SOUNDAY.	U.S.A	WIDOWED NEVER MARRIED WIDOWED NORCED	- TALbot	MD.
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AND 213	n 24 hou	filled in	35		MO. QUE	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY - 13C. CITY OR TO 2 M AMUS CE WIR	EVILE YES NO 1	11/8 5 PK	CORE Q 3617
MARYLA	(Pe	omplehely one 7.8	exomine	1	THER'S NAME COLO	MODIE WIST	SON (35. MOTHER'S MAIDEN	OR BIAMIDDLE	BROWN
TIMORE	De exec	on and co	medico		VAS DECEASED EVER IN U.S. AI res. no or unknown) (IF yes, Gi	RMED FORCES? IVE WAR OR DATES) 17.2 –50	0-7205 IT INFORMANT	1 64 8 5 20 5 S.	EL STREVILLA
ST. BAL	rtificate	physicic anpaper emoval.	event, The		PART I. DEATH WAS CAUS	nly one couse per limble of the ED BY: ITE CAUSE (o)	natory fail	me	RETHERN CHOSET, AND DEATH
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W PR	that the	by the cose remo	r other tr		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSTO	VENCE OF in RM	1	
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AL RECORDS	he low	hos been it permit	Sample	CERTIFICATION	19s DATE OF OPERATION	196 ONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. II IN CE	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
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٥	ATTENDIA	TOR. Af for use of of Health	21 із то		220 I certify that (I) (this hasp	ntal) attended the deceased from	VIA	ian death occurred an the date and	hour and from the causes stated
	AL OR A	Dep Dep	T. If Item		276 SIGNATURE	Purhum de	GAMA SEGREE	MEDICAL STAFF, DIRECTOR PHYSICIAN	22c. DATE SIGNED
	HOSPIT	TO FUNERAL should be det with the State	PORTAN		ALBUT T	EN LIME	DEND PODRESS	BOX 127 &	ASTON 21601
	2	ē ₽#3 BP	₹ 7	23e. E	URIAL, CREMATION, REMOVAL	3-6-1987 (NAME OF CEMETERY OR CREMATOR	23d LOCATION CITY OF TOWN E	J. ISPUNTY A MISTE
	DHA	MH - 16 60M (VRA 15, 4		24. FU	Walley Fu	neral Home Che	stertown, Md.	DATE REC'D. BY REGISTRAR 256, RE	GISTRAR'S SIGNATURE

Sign - malify I have to be seen a succession Established to the state of the state of the property of a contract to the second

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4 mo	3 SE	E	4	4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS I							MONTHS D	YEAR IF UNDER 24 HRS
- Se	2 0	1				OF	1 09	05		81 YRS		
erol d		RTHPLACE (STATE OR FOR COUNTRY)	REIGN 7	b. CITIZEN OF	S. A.	MARRIEI WIDOWE	NEVER M	ARRIED	9. BALTIMORE C	TALI		М
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E SO FED OF		EASTON		RD4	BOX	502	EASTO	AMM	(TYPE OF WORK FOR A		(INDUS	None
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W PRESTON ST., BALTIMORE, MARYLAND 2 but the death certificate to the ottending physic stremove carbonapape stremove carbonapape stremove carbonapape should be should		gave rise ta imme cause (o), stating underlying cause		DUE TO, O	r as a conse	QUENCE OF						THE AT
or signed by signed be pleased be burtal.	z	PART 2 OTHER SIGNIF	ICANT CO	ONDITIONS CO	ONTRIBUTING	,	1 1		NAL DISEASE OR	CONDITION	SIVEN IN PAR	tt lia
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VIT.	-	21a, ACCIDENT WAS UNDER		216. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW INJ	_	ED (ENTER NATURE C	OF INJURY IN ITEM T	8 PART I OR PAR	T 2)
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VISIOI G PHY offending er this the bu ond M ked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e. PLACE	OF INJURY REET, FACTORY, OFF		211 LOCATIO STREET	N	City	ORTOWN	COUNTY	Y STATE
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TTEN Portol for u of H		saw the deceased abave (I) we) (did	alue on	view the body	ofter death.	9.81 ar	nd that in my t	aur) apinion d	eath accurred an	the date and h	aur and fram	the couses stated
OR A POSCHED		22b. SIGNATURE	1				DEGREE					ATE SIGNED
The state of T.		Kob	eut.		ever	. M.D.		TENDING HYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [3	-27-87
TO HOSPITAL retoined by the TO FUNERAL should be det with the Store MPORTANT:		22d PHYSICIAN'S NAM	RT 1	PRINT) N. TRF	VER. M.	D.	22e ADDRESS	OUTCHMAN'	L. H. ILL C	S. ROUTE		
5 £ 5 € ₹ ₹ ₹	23a E	URIAL, CREMATION, RE	MOVAL	23b. DATE		131 NAME OF C	EMETERY OR C		23d. LOCATION	7		
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DHMH - 16 60M 7/B4		NERAL DIRECTOR			ADDRE	State	Anaton	nical DATE	REC'D. BY REGIS	TRAR 256 REG	ISTRAR'S SIG	NAIDRE LOSS
(VRA 15, 4)	N	ewnam Fune	eral H	ome,Ea	ston MI	% Boar	d	AP	R-1 196) I Justo	10 morani	

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	3 U mm	1. DE	CEASED NAM	Gbj. E FIRST		WIDDLE			LAST		20. DATE KNOWN	MONTH	DAY YEAR	2b. HOUR
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	ZE GERAL	3. SE.	X	4. RACE	S. DATE OF BIRTH	1	6. AGE (IN YE	ARS IF UN	DER 1 YR. IF L	JNDER 24 HRS.	2c. DATE	MONTH	DAY YEAR	
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. ED WITHIN 72 HOURS I W. PRESTON STREET,	M	ale	White	01 1	3 17	70 Y		HS DAYS HO	URS MIN.	PRONOUNCED DEAD	3	13 19 8	7 10Am
	RAL YOUR THIN	70 B	IRTHPLACE (S	TATE OR	76. CITIZEN OF V	VHAT COUN		8 MARR	IED X NEVER	MARRIED	9. BALTIMORE CITY	OR COUNT		
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104	AAGE SOLV	10.C	ITY OR TOWN	OF DEATH	II. NAME OF HO			E, OR OTH	IER INSTITUTION		MAL OCCUPATION (TO MOST OF WORKING LIFE)	PE OF WORK	126 KIND OF B	
10	PAGE BE FILED	1	Easton	F131-16		Memorial Hospital Farmer								
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33	京会報古典	_	aryland	Tal	bot	Ea	ston				5 Box 345	2160	1	
a a	WCHON-H	III. F	ATHER'S NAME		WIDDLE		LAST		15 MOTHER'S	MAIDEN NAM	E WIDDLE		ŁAST	
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WITE	Ses Ses	0	ES, NO, OR UNKNO		WAR OR DATES)						oks Rt 5 Box		Poston N	// D
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201	NO WAL		lying cau	ise last.	(c)		A.F.							
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0	ENDING MEDICAL AS A BL EALTH AN	CERTIFICATION			provascul									
AL R	HOULD RO "PE CHIEF A USED. OF HE JRIAL,	\ V V	19a. DATE OF	OPERATION	196 COND	ITION FOR	WHICH OPER	W MOITAS	AS PERFORMED	0?			28 AUTOPS	
II.	SHOW OR OF THE CHILD	E E	21a EXTERNA	AL CAUSE WAS	21b. TIME C	OF IN ILIPY		21c H	OW INTURY OC	CHIPDED (ENTER	NATURE OF INJURY IN ITEM I	0.0407.1.08.04	YESX	NO []
DIVISION OF VITAL	THE WENT		UNDERLYING	: Dorima	ry HOUR A.	M. MONTH	DAY YEAR	3	ring art			Draki i Okra	K1 2]	
SIO	SHO TO TO TO THE	MEDICAL	214 INTURY	NG CAUSE OF I		M. OF INJURY	(AT HOME,		CATION	cci iogi	apriy	100		
D S	ARITHE DE SOL	E	WHILE D	NOT WHILE &		CTORY, FARM, E			street et on Mer	norial	Hospital, I		Talbot	STATE Md
	E: THIS CRTIFICATE SHOELD THE WORD RWARDED TO THE CHI SPACE 3 SHOULD BE US STATE DEPARTMENT OF STATE DEPAR						-		[TZ]					-,
	MEDICAL EXAMINER: T ECUTE THE CERTIFICATE, GE 4 SHOULD BE FORM GE 4 SHOULD BE FORM FUNERAL DIRECTOR: P TER DEATH, WITH THE ST TER DEATH, WATH THE ST	2	death result	fy that I took charg	ral causes .	Accident		Autop		spection	Inquiry	and in my ap	inian	
	SAN BENEFIT	4	dedin resun	ed Italii: (Najoi	or cooses,	Accident	<u> </u>	iicide []	TITLE (SPEC		rermined manner	,		
	AL EXCHER CER HOULD HOULD IN WITH, W		ACTUAL SIGNATURE	MA	1				D Assist	-ant	DICAL EXAMINER	DATE	3-14-	-87
	NEA STAN	1	EXAMINER'S	NIAME	//			de -	7796			0.071	4.73.0	
	TO ME EXECU PAGE TO FU AFTER BAHTIN		(TYPE OR PRI	NI) WILL	iam M. Za						St., Balto	o., MI	21201	<u> </u>
	522559	_ (SPECIFY)	TION, REMOVAL					R CREMATORY	CITY	OCATION Y OR TOWN	COU		STATE
07/84 25M	BP 3 34		urial UNERAL DIREC	TOP	2/16/87	W	oodlaw	n Me	morial P		aston Y REGISTRAR [256 REC	Tall		MD
	DHMH - 17		NAME		ADDRE:		BA - 3		230.			a Dand		es.
	(VR A15 ME (5))	N	ewnam	Funeral H	ome E	aston,	Maryla	and		MAKT	9 1301	Patrice	The Manage	



	STATE OF MARYLAND NT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE / REG. NO.	9305
MIDDLE	EAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
η.	BROWN	March 27	1987 75-AM
5	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
sian	April 6, 1919	67 YR	MONTHS DAYS HOURS MIN.
WHAT COUNTRY? 8		9 BALTIMORE CITY OR COUN	NTY OF DEATH
_	MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	Talbot	MD
HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS OR
norial	Hospital		Dealer Antique
GIVE RESIDENCE BEFORE AD	MISSION)	130.STREET ADDRESS / ZIP CO	ODE
Denton	YES NO 🔯		ive 21629
	15 MOTHER'S MAIDEN N		
DeFord	Marv	Edna	Mezick
16b SOCIAL SECURIT		ADDRESS	MEZICK
22001807	9 DeFord B	rown, Denton,	MD 21629
		LOWIT, DELICOIT,	APPROXIMATE INTERVAL
Matact	atic Colon Cance	r	BETWEEN ONSET AND DEATH
Hetast	atic dolon dance		3yrs.3 mos.
R AS A CONSEQUEN	CE OF		3 3 3 3

****		2001007		CHILL DOIL	JOHN HID ELVES
18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ily ane cause per lin D BY: TE CAUSE (a)		Colon Cance	r	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 3yrs.3 mos
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost) (b)	AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIFICANT (
190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

Cauca

NAME OF (IF NOT IN SUC

76 CITIZEN OF

(IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY

Lee

(IF YES, GIVE WAR OR DATES)

Caroline

MIDDLE

P.M. 21e PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE FARM ETC !

211 LOCATION

CITY OR TOWN

NOM

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY

YES [

-BROW-LATURE

21d INJURY OCCURRED

MEDICAL

- STATE REGISTRAR 1. DECEASED NAME TTYPE OR PRINT

> Female BIRTHPLACE (STATE OR FOREIGN

Maryland CITY OR TOWN OF DEATH

Maryland IT FATHER'S NAME

William

(YES, NO OR UNKNOWN)

No

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

3 SEX

220.1 certify that (1) (this hospital) attended the deceosed from. saw the deceased alive on above, (1) (we) (did) (did not view the body ofter death

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

NOT WHILE

720 ADDRESS

Easton, Md. 21601

23e. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) 3/29/87 Buria1

Stanley Bysshe, M.D.

23¢ NAME OF CEMETERY OR CREMATORY Denton Cemetery

DEGREE

23d LOCATION CITY OF TOWN Denton

Cagoline

STATE

modely

STATE

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SICINATURE

YES [

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2)

MD

East " Mariga Magnet " Test

DHMH - To 60M 7/84 IVRA 11, 41

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

Md.

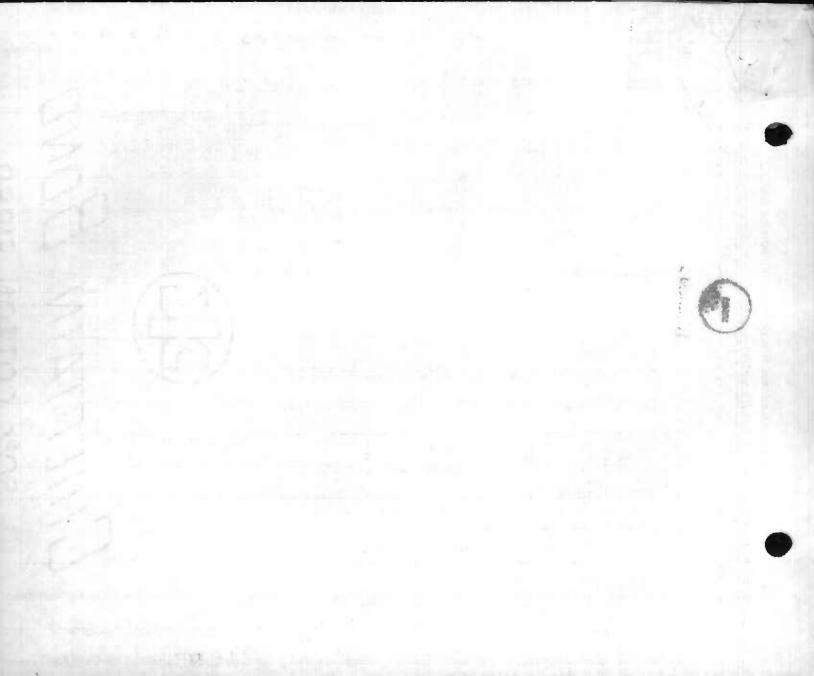
March 6, 1987 Meadowridge Mem. Park Elkridge Burial Howard Co. 750 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Singleton Funeral Home Glen Burnie, Maryland

236 DATE



04	7414	112	FOR STATE 0.7		AAE		MENT OF	HEALTH			- "PA		0	9	3 0	1
	21	1.08	REGISTRAR CEASED NAM	F FIRST	ME	MIDDLE	EXAMIN	IER 3 C	EK I IF	CATEO	-		REG. I	NO."	H DAY	YEAR 25 HOUR
	4	1 (TY	PE OR PRINT)		h-a			Oh	مان ما د	1-	4	OF DEATH	ESTI-	-		
	R FILES HOURS STREET,	3. SE	V	Loret	Is. DATE OF BIRTH	D.	6. AGE (IN YE		adwic		24 UDC 12	R. DATE	MAIED	□ 3	/ 10/19	14
6	STATE	3 35	^		MONTH DAY	YEAR	LAST BIRTHD	AY) MONTH		HOURS		RONOUN	ICED	7	/10/	VEAR 24 HOUR
	F 200 E		male	White	4-18-195		31 Y	RS.				DEAD	ORE CITY		/ 10/ 19	- 11
-	HR 8 29	F	IRTHPLACE (5	TATEOR		HAI COUN	HRT?			VER MARRIE	ED L			_		ain.
	型芸芸		laware	OF DE ATU	USA 11. NAME OF HO	CDITAL NIN	BCING HOLL	WIDOW		DIVORCE				Count		OF BUSINESS
	SERVE V	7 10. 0	III OK TOWN	OF DEATH	(IF NOT IN SUCH F	ACILITY, GIVE S	TREET ADDRESS)			IIION	FOR M	OST OF WOR	(ING LIFE)	THE OF WORK	OR IN	DUSTRY
	ADAMS O	HCH	Easto		OR OTHER INSTITUTION, C				ston		H	omema	ker		_	
21201	20428	13a. S	STATE	136 COUN	VTY	13c. CITY	ORTOWN	ION)		CITY LIMITS?						
.21	S S M D M	_	ryland	Talt	oot	Eas	ton		YES .	NO X		x 290)		2	1601
WD.	1-30EA	14.F	ATHER'S NAME		MIDDLE		LAST		15. MOTH	ER'S MAIDE		M	IDDLE		LAS	т
3	AREA S			Robert		ley			17 INITOR	Glori			ADDRE		vey	
BALTIMORE	AFTER IVE PA H FOR AGES I ISION		WAS DECEASE YES, NO, OR UNKNO	D EVER IN U.S. AR		200	CIAL SECURIT			MANT De				ss 216		
BAL	S AF GIVI	1	No	NC			-44-00)32	Mrs.	Glori	a M.	Key	Rt	3 Bc		
	1	3	18 CAUSE C	F DEATH (Enter or ATH WAS CAUSE	nly one couse per lin	e for (o), (b)), and (c).)	uncho	+ 6501	ınd of	Pagl				BETWEE	OXIMATE INTERVAL N ONSET AND DEATH
PRESTON ST.,	£23000	1			ATE CAUSE (o)				C 8800	mid OL	Daci		111			70 3
ESTO	Z 4. 2	1	Conditio	ns, if ony, which		R AS A CON	SEQUENCE	OF							1 3	
	EGNERAL -	4	gave ri	se to immediate	e (b)										-	
201 W.	WEN THE		lying cou) stating the <u>under</u> use last.	DUE 10, OI	R AS A CON	ISEQUENCE	OF							1/6	
	D*****		BARY & ANUER C	SHIP CONDITION	(c)								2.3			
RECORDS	SA PACA	2	FAKI Z UTNEK SI	GRIFICANT CONUITIONS	CONTRIBUTING TO DEATH	ROL MOL KETY	LIED TO THE TERM	MINAL DISEASE	OR CONDITIO	IN GIVEN IN PAR	RT 1 (a).					
EC.	SEAS RESE	무일	190 DATE OF	OPERATION	Tigh COND	ITION FOR	WHICH OPE	PATIONW	AS PERFOR	PMED?					120 ALI	TOPSY?
₹	PASSE A	CERTIFICATION	1,100,1110,01	O' ENTITION	175. COND	HONTOK	William Or El	ATION W	ASTERIO	(MED.					1.5	XZ.
DIVISION OF VITAL	T BY BY BY	1 2	21a EXTERNA	AL CAUSE WAS	21b. TIME C	F IN HIRY		121c HC	WINILIRY	OCCURRE	D JENTER N	ATURE OF INI	LIRY IN ITEM	IR PART I OR		NO 🗆
Ö	PATOME.		UNDERLYING	Stor	HOUR A.	M. MONTH	DAY YEA	R				ATORE OF IN	OKT IN ITEM	IO PART I OR	r Ani 23	
S O	SECTION SECTIO	MEDICAL	21d INJURY	NG CAUSE OF		OF INJURY	10/9		SUDJE	ect sh	OT			U.S.		
N	S CE	A S				CTORY, FARM, E			TREET	777	7	CITY OR TOV			COUNTY	STATE
	PAG PAG STATE	1	AT WORK	AT WORK	**	home				og All		Easto	n, To	TOGLE	. Co.,	Ma.
	A S S S S S S S S S S S S S S S S S S S		22 a. I certi	fy that I took char	ge af the remains de	scribed abo			<u>y XX</u> .	Inspection		Inquiry		ond in my	аріпіал	
	SE SE SE		death result	ed from: Natu	ural couses	Accident	L., Si	vicide 🔲		cide X	Undete	rmined mo	inner L			
	2000年1		ACTUAL		14	11	-	-	1	SPECIFY)	_			DAT	F	2/11/07
	SHE SHE	- N	SIGNATURE,		1	1		W	D. ASS	sistan	MEDI	CALEXAM	INER	SIGI	NED	3/11/87
	AEDI NO CON	1	EXAMINER'S (TYPE OR PRI	NAME Gre	egory R. F	auffm	an. M.	D.		11	1 Per	nn St				
	TO MEDICAL EXECUTE THE PAGE 4 SHOU TO FUNERAL AFFER DEATH BALTIMORE, M	730		TION, REMOVAL			NAME OF CE		ADDRESS_			CATION	<u> </u>			
		230.	SPECIFY)				ace La						+		Castle	DE STATE
07/84 25M	BP	24. 1	Bur:	Idl IOR Lorine	3-13-87 g Byers Fr	inera1	Dire	tore	Inc	250. DATER	EC'D. BY	REGISTRA	R 256 RE	GISTRAR'S	SIGNATUR	RE DE
	DHMH - 17 (VR A1S ME (S))				Randalls			2113			AR 1				vidami	
	(+1/10 110 (0))	0	20 1110	ercy Ru.	Manualla	S COWIL,	TID	2113.	,	M	44 7	5 10	17 7	end the	D. Contract	Billion A Paris

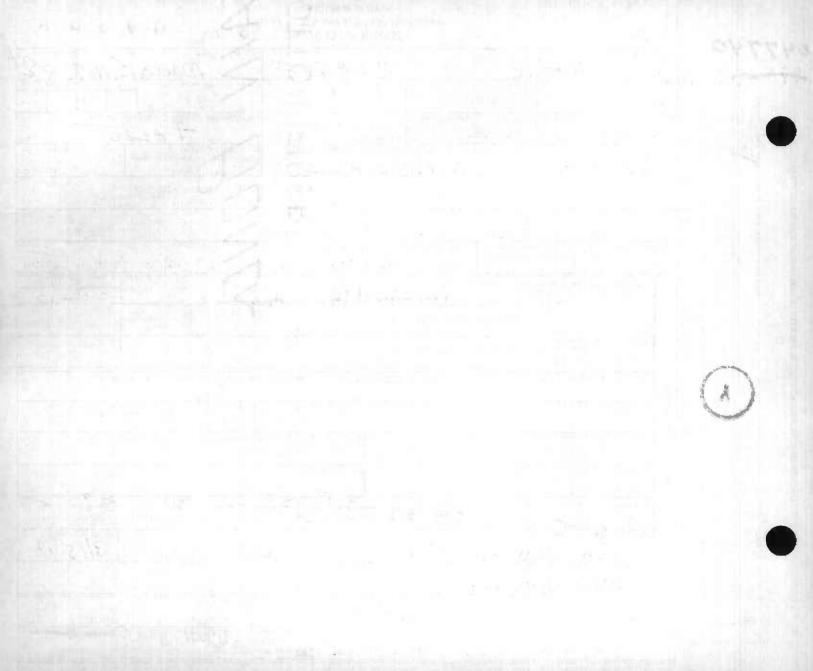


James H. Barton, Jr., Centreville, Md. 21617

DHMH - 16 60M 7/84

(VRA 15. 4)

Great Class amounts from Junes and there is nother cancer 32 Commerce Dr. Parker, will The state of the s



								STATE	OF MARYL	AND					
4710	7 HAR	31	FOR ISTATE			DEP				MENTAL HYG	IENE		0	9 3	U
			REGISTRAR			E 631			CATE OF	DEATH		REG. NO		TERRE THE	11,637
			CEASED NAME	EIRST	M	DDLE ,		LA	ST		2a. DATE OF	EATH .	MONTH	DAY YEAR	2b. HOUR
9	deod deoth		He	len	1	041'5	e	C	10550	m			3 - 8	1-87	630PN
OE OE	9	3. SE	X		4 RACE		5	DATE OF			6. AGE (IN YE	RS LAST BIRT	_	IF UNDER 1 YEAR	IF UNDER 24 HRS
4	rs oft	F	emale	Sit.	White			06	01	02	84		YRS	MONTHS DAYS	HOURS MIN.
2 8	Hoor Man	70 B	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE								RCOUNTY	OF DEATH	
e o th	27.75		larvland	are o	U.S.A			WARRIED		NORCED []		TA	160	T	MD
Ö	THE CONT	10 C	ITY OR TOWN OF DEA	тн			L, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION								F BUSINESS OR
o s off	in the second	1	EASTON		(IF NOT IN SUCH EACH ITY, GIVE STREET ADDRESS) MANOR						Nurs		P WORKING [IF	Medi	cal
212 hour	n ag	USU	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION O	THE RESIDENCE				CITY LIMITS?	13e STREET A		7 7 ID CODE		
ND 24	The off		laryland	Talb		Easto		4 - 1	YES X	NO [619 Gc		-		601
A u	S S S S S	14. F/	ATHER'S NAME	Cent				31111		'S MAIDEN NA			71 V.U.B.11		
A P	23 DC		Theodore		MIDDLE .	JO	nes			Marv		C.		K.	irby
# 1	d co		VAS DECEASED EVER			166 SOCIAL		IY NO.	17 INFORM			ADDRE	SS		
1	Pog.	n	YES NO OR UNKNOWN)	(IF 165, GIV	E WAR OR DATES)	219-3	4-31	86	Irene	L. Kelle	ey Box	62 W	ittmar	n, MD 21	676
MALT ore b	person.		18 CAUSE OF DEATH	1 (Enter on	ly one cause per l	ine for (0), I	b) and i	C1.1	LV-S	all bolling	UNITED BY		D.Y	APPROXI BETWEEN	MATE INTERVAL
	ewon even		PART I DEATH W		E CAUSE (0)	- V	A			401	1 25		1,11	acc	re
NO	or re				DUE TO, OR	AS A CON	SEQUEN	CE OF		1	19	1	1		
EST	tion,	3	Conditions, if any,		((b)	12 14		4	enes	alex	eftet	ere	reder	mi L	12-
PR the	remo remo	10	gove rise to imm couse (a), stating	g the	DUE TO, OR	AS A CON	SEOUEN	CE OF		0	1			1	
thot	d by ease of, c	100	underlying couse	lost.	(c)		26%		1256						
DIVISION OF VITAL RECORDS, 201 W. PRESTON S ING PHYSICIAN. The low requires that the death	en p bur ury,	z	PART 2 OTHER SIGN	HEICANT C	CONDITIONS CO	NTRIBUTING	G TO DE	ATH BUT I	NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONE	DITIONGIV	EN IN PART 110	-
ORD	t. Th	CERTIFICATION	14 D 175 OF ORSD 17	1011	TIN CONDIT	ION FORM	ALUCII O	DED ATION	LALAS DEDS	000050	Tan Autor	20.2	Toni ir vec	WILDS SINID IN	LOC LIGATO
New Jow	de par	Sign	190 DATE OF OPERAT	ION	196 CONDIT	ONFORM	VHICH OI	PERATION	WASPERF	OKWED	200 AUTOR	517	IN CERTIF	YING CAUSES	OF DEATH?
The	gren f	ET				B. L. C. D. V.			21 110111			но[]	YE		NO 🗌
AN AN	H H		21a. ACCIDENT WAS UND		216. TIME OF HOUR A.M		H DAY	YEAR	ZIE HOW I	NJURY OCCURE	RED (ENTER NATI	IRE OF INJUR	RY IN ITEM 18 P	ART I OR PART 2)	
SICT SICT	Ferri	OA	(IF EITHER NOTIFY MEDIC	AL EXAMINER	P.M			19					4-193	500	
SIOI SHY PHY	this debu	WEDICAL	21d INJURY OCCURR		21e PLACE O		OFFICE, EARA	M ETC)	211 LOCAT STREE			CITY OR TOV	ww	COUNTY	STATE
N ON THE	fter os th th or orke	1	AT WORK AT WOR	ILE .											
OZ O	R. A Use Teol		220 I certify that (I)		1100011	deceased !		ARCI		19.87		RCH		19.87	hot (I) (🗪) lost
ATTE	CTO d for of 1		saw the decease	d olive on did no	1) view the body o	iter death.	_19_8.7	one	d that in (my) (our) apinion (death occurred	on the do	ote and hou		
OR be	DiRE Chec Dept F Hen		226. SIGNATURE	//	14			1/10	EGREE	ATTENDING	MEDICAL	CTAS	·	22c DATE:	SIGNED
Y th	1 0 0 1		actra	241	Mac	ne	Je to	0 /		PHYSICIAN [MEDICAL DIRECTOR	STAF PHYSIC	IANE	15-10	0-8+
JSPr d b	FUNERA		22d PHYSICIAN'S NA						Me ADDRE	SS					,
O HC	MPOIL MPOIL		Richard			d, M				rial H			East	on MD	
Te		23a. 1	BURIAL, CREMATION,	REMOVAL	C. L.					CREMATORY	23d LOCAT		Sales.	COUNTY	STATE
BP_	100	-	urial		3/11/	87	Jr O	rder	Cemet		Pres			aroline	MD
DHMH	- 16 60M 7/84		UNERAL DIRECTOR			.ADI	ORESS		21 31	25a. DAT			25h REGIST	RAR'S SIGNATI	JRE
	RA 15, 4)	N	lewnam Fun	eral I	lome	Easto	n, Ma	arylai	nd	MA	K 1 2 19	87	Julia	A P Control of	Spinale

DIRECT CONTRACT 110 Carller 195194 1 1851 The state of the s half my my market pass yes suchassis.

A					OF MARYLAND		
14/	239 MAR	0-0	FOR STATE	DEPARTMENT OF HE	ALTH AND MENTAL H	YGIENE	0 2 1 0
	- O O HMA		REGISTRAR	MEDICAL EXAMINE	R'S CERTIFICATE O	F DEATH REG. No.	9014
			CEASED NAME FIRST	MIDDLE	LAST	2a. DATE KNOWN	MONTH DAY YEAR 26. HOUR.
	98 W 20 98 22	LIAB	E OR PRINT)	R	minnoil	OF ESTI-	2 1 001004
	X552X	1.50	S. DATE OF	F BIRTH 6. AGE (IN YEARS	IF UNDER 1 YR. IN UNDER 2		MONTH DAY YEAR 24 HOUR
	对开 一方2	1	HTMOM	DAY YEAR LAST BIRTHDAY)	MONTHS DAYS JURS	MIN PRONOUNCED	2004
	\$5000 I/	T.	male BIK 12	20 13 73 YRS.		DEAD	3 1981 7 AM
	ERAL ERAL PERST	B1 FO	RTHPLACE (STATE OR 76 CITIZEN	OF WHAT COUNTRY?	MARRIED NEVER MARRIE	9 BALTIMORE CITY OR	COUNTY OF DEATH
	SASTER	1	NKI US	DA V	VIDOWED DIVORCE		37
	SI WWW	W.C	TY OR TOWN OF DEATH II NAME	OF HOSPITAL, NURSING HOME, C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF	WORK 126 KIND OF BUSINESS
	ATABA X	1	En stan	N SUCH FACHITY, GIVE STREET ADDRESS!	150 tol	EOR MOST OF WORKING LIFE)	OR INDUSTRY
	AND SERVICE	UHUA	U RESIDENCE DI MANAGEMENTA DI CITALINI NISTITI	UTION, GIVE RESIDENCE BEFORE ADMISSION)	Sprian	Domestic	
201	29658	l3a, 5	TATE A JUE COUNTY	IN CITY OF TOWN	134 INSIDE CITY LIMITS?	IJA STREET ADDRESS	in 211 no
.2	45x5x5		110 Cars/ine	DEMON	YES NO SE	K#1 00x2	4401001
A O	T CHEST	16.77	ATHER'S NAME	THE LAND	15. MOTHER'S MAIDER	NAME	- 1411
ui a	3132 32/01	1	Robert	Miniaht	Annie	· · · · · · · · · · · · · · · · · · ·	Adams
ON ON	PAG OR N	lite, V	VAS DECEASED EVER IN U.S. ARMED FORCE		D. IV INFORMANT	ADDRESS	- JAMAN
BALTIMORE, MD. 2120	AFTER VE PA FOR GES 1	- "	15. HO, OR UNA HOWAIT	222,01.90	70 Daro Ll	· 1 Coursell	
	10 DE AND			10000 010	19 Jeviera	ar Coursey	
- I	San Car		18 CAUSE OF DEATH (Enter only one couse PART I DEATH WAS CAUSED BY	per les torigi, (bil. ong (c))	1011111		SETWEEN DIVISET AND DEATH
N	- 1000 B		IMMEDIATE CAUSE (o	Armine	Brune	- 1	7
STC	ZZ		DUE	TO THE AS A CONSEQUENCE OF	No Ho.	No atVI	
a a	正言語を言る	1	Conditions if any, which gave rise to immediate	Myllet	Philly	WASKI	1
` ≥	WAS ELES		couse (a) stating the under DUE	TO, OR AS A CONSEQUENCE OF	7	The state of the s	1
201	NAKAKA KANA	-	lying couse last.	,			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	THIS CERTIFICATE SHOULD BE EXECUTIVE WARDEN TO THE CHIEF MEDICAL BRACE 3 SHOULD BE USED AS A BURNATE DEPARTMENT OF HEALTH AND 21201 PRIOR TO BURNAT, CREMATION		PART 2 OTHER STRUTTCHES CONDITIONS CONTRAUTING	TO DEATH BUT NOT BELATED TO THE TERMINAL	DISCASE OF CONDITION CIVEN IN BAR	I V in a	
O.	PENDING MEDICAS A BI CREMA	Z	CNPT		COSCOSE ON CONDITION ON EN IN TAKE	114.	
REC	- CASA	CERTIFICATION	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERAT	IONI WAS DERECORNED?		
₹	SHOUL CHIEF	{ ♀	The Date of Orekanon	CONDITION FOR WHICH OFERAT	ION WAS PERFORMED?		20 AUTOPSY?
<u>></u>	WORD WORD WORD WORD WORD WORD WORD WORD	E					YES NO
9	SAE A SE	U	The state of the s	TIME OF INJURY UR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
N O	SHOOT A	14	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M. 19			
ISI	GERTING TING DEPA DEPA	MEDICAL	21d INJURY OCCURRED 21e		21f. LOCATION		
á	RETING RDED GE 3 SI TE DEP	2	WHILE AT WORK AT WORK	REET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
			AT WORK			A No	
	EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: (, WITH THE !)		228 I certify that I took charge of the rem	oins described above, held an	Autopsy . Inspection	A. Inquiry , ond i	n my opinion
	MER PET A		death resulted from: Notural couses	Accident Sylcid	e . Homiglde	Undetermined monner .	
	EXAMI CERTIFI ULD BE DIRECT , WITH		VACCO	1110.0114	Time spellerest		- (
	CAL EXA SHOULD RAL DIR SATH, WI		ACTUAL SIGNATURE	1/9/40	M.D. NILLIVI	MEDICAL EXAMINER	DATE 5-2 8)
	SE S		10004		Millians	TO LEAD WINER	SIGNED
	MEDICAL CUTE THE FUNERA FR DEATH TWORE,	1	(TYPE OR PRINT)		ADDRESS		
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL DA AFTER DEATH, BALTIMORE, M	23a RI	URIAL, CREMATION, REMOVAL 236 DATE	1 23c. NAME OF CEMET	ADDRESS	23d. LOCATION	
		(5	PECIFY) BULL OF 3/7	67 6	Come Con	CITY OR TOWN	COUNTY STATE
07/B4 25M	BP	24 FI	JNERAL DIRECTOR	or Johns	DIONE (PM.	C'D. BY REGISTRAR 256 REGISTI	RAR'S SIGNATURE
	DHMH - 17		NAME OF THE PROPERTY OF THE PR	ADDRESS	A- 1		
	(VR A15 ME (5))		Jeorge H. Wish	sell Easten,	rnd.	R 1 3 1087 Aug	Middle But

Water Barrier W. 048534

STATE OF MARYLAND

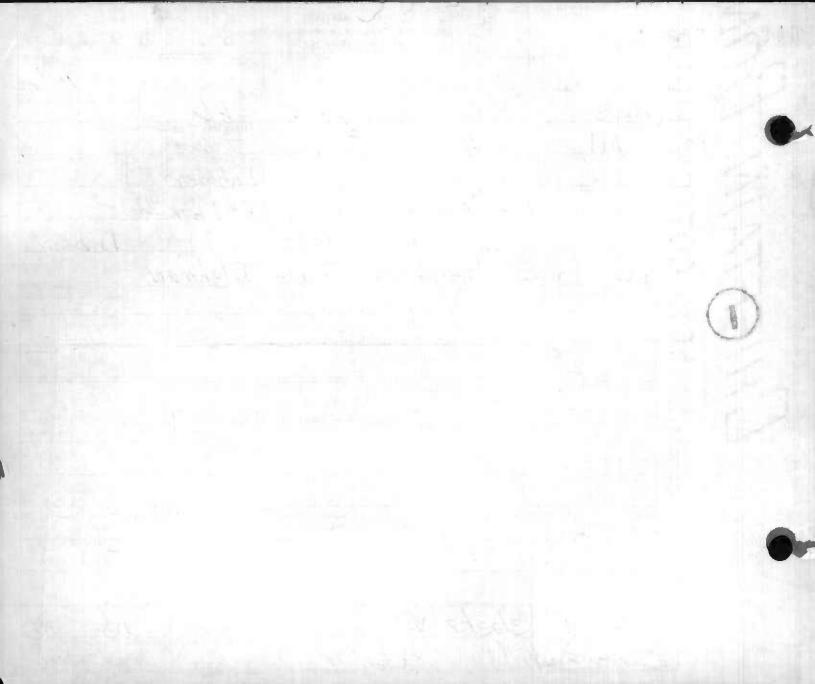
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ò	REG.	NO.	0	9	3		
ATE OF	DEATH	MONTH	DAY		YEAR	2b HOUR	Ī

		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	{ I YPE	OR PRINT)	F.	muidson/	MARCH 18	1987 11 AM
	3 SEX	(A . R	ACE Also	5. DATE OF BIRTH	6. AGE (IN YEARS (AST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Make	RIK	Q2 23 2	1 66 YRS	MONIAS DATS HOURS MIN.
1	10-816	RTHPLACE STAT OF FOREIGN 76 (ITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
5		Na	USA	WIDOWED DIVORCED	- 1 - 1	MD.
7	10 CT	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING		N 12a USUAL OCCUPATION 1 Tappe OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR
	E	Egston 1	Memorial	Hospital	Laboren	
5		AL RESIDENCE OF NURSING HOME OF OTHE	R INSTITUTION GIVE RESIDENCE BEFORE A		- 1 1 10 1 1/1/	, 21601
-	14 FA	THER'S NAME		15. MOTHER'S MAIDE	N NAME MIDDLE	A 1469
2) -	FIRST	Davidson	Add	16	Dabson
1	16a W	VAS DECEASED EVER IN U.S. ARMED		ITY NO. 17 INFORMANT	ADDRESS	
/		YES WWI	I 214.46	3846 Jame	& Julahman	
		18 CAUSE OF DEATH (Enter only of		(A) P 1	701-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY IMMEDIATE C		& mass	alches	Sd
			DUE TO, OR AS A CONSEQUE	VCE/6V	2 /	D
1		Canditions, if any, which	16) 100	Hupes	Caster	1, 9
U.		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ICE OF		N THE RESIDENCE
		underlying couse lost	(c)			
	Z	PART 2 OTHER SIGNIFICANT COA	BINONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GIV	/EN IN PART Tra
-	CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
7	FIC					FYING CAUSES OF DEATH?
\leftarrow	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY O	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	
1		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA			
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f LOCATION		
	ME	WHILE IT NOT WHILE IT	(AT HOME, STREET, FACTORY, OFFICE FA		CITY OR TOWN	COUNTY STATE
		22a 1 certify that (1) (this hospital)	attended the deceased from	-10	78 10 3/18	19 27 the (1) (we) lost
		saw the deceased olive on	13/10 196	and that in (my) (our) ap	pinion death occurred on the date and hou	
		Th SICHAPORE	the body after death	DEGREE		FRE MATE SIGNED
		1.7/1/11	un an	ATTEND PHYSIC	ING MEDICAL STAFF	B/(X/8)
1		724 PHYSICIAN'S NAME THE COM		22e. ADDRESS	MANUEL DIRECTOR FITTS CLAIM	17.070
/	11	001		1.3		
-	230 5	BURIAL, CREMATION, REMOVAL 12	36 DAYE / 23c N	AME OF CEMETERY OR CREMAT	TORY 23d LOCATION	
		(SPECIAL)	3/22k7 V	Aprions Com	Huntock	Dan Min
	74 F	UNERAL DIRECTOR			So. DATE REC'D. BY REGISTRAR 756. REGIS	TRAR'S SIGNATURE
4	1	1 /20 X //	ADDRESS (H WILL	7 n. R	10 t. 00

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR - STATE REGISTRAR

STATE OF MARYLAND

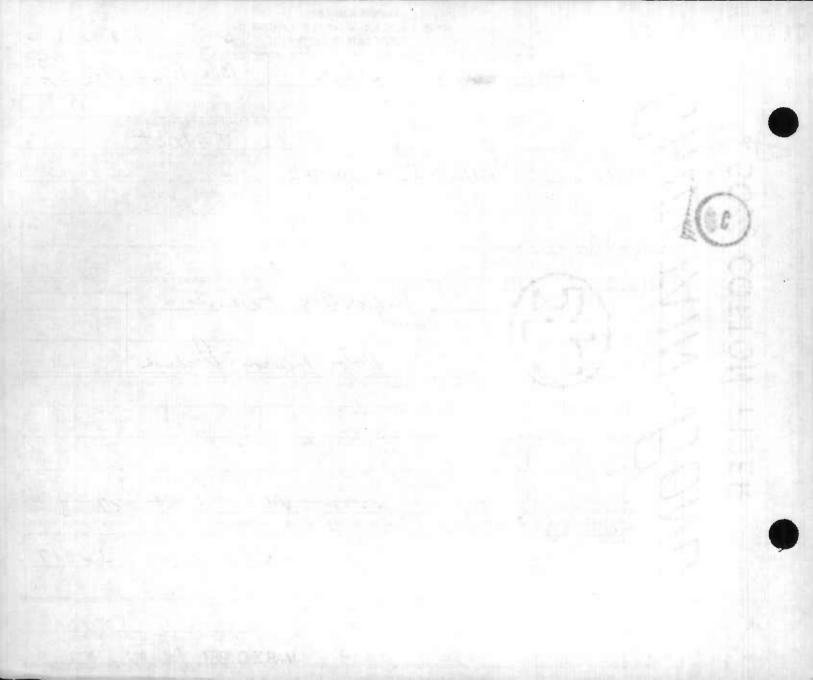
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	40.	0	9	3	i	5
DEATH	MONTH	DAY	YEA	R	26 HC	UR.

		CEASED NAME	FIRST	A	WIDDLE	L	AST	2	DATE OF DEATH MO	DA DA	AY YEAR	26 HOUR	3_
- 1	TYPE	OR PRINT)	EAN	ETTE_	C.		Dulin	711	MARCH	24	1987	SA	M
П	3 SEX 4 RACE				-	5 DATE O			AGE (IN YEARS LAST BIRTHD	FUNDER I YEAR	IF UNDER 24 HRS		
u	Fe	male		Whit	e	08		25	61	YRS	ONTHS DAYS	HOURS MIN	
	BII	RTHPLACE (STATE OR F	OREIGN :	L CITIZEN OF	WHAT COUNTRY?		NEVER MARRIE	0	BALTIMORE CITY OR		OF DEATH		
5		ryland		U.S.A	A.	WIDOWE			TALL	bot		м	D
2		TY OR TOWN OF DEA	TH			IG HOME O	POTHER INSTITUTIO	N 1	20 USUAL OCCUPATION			BUSINESSO	
Ç	E	ASTON		1110	MORI	HH	OSPITAL		Cashier	ORKING LIFE)	Conver	nience S	tore
Mise	130 S	AL RESIDENCE (IF NURS) STATE Aryland	136 COUN	TY t	13t CITY OR TOW	/N 1	134 INSIDE CITY LIM		Rt 1 Box 129		657		
3		THER'S NAME	14100		quoon :		15 MOTHER'S MAID	_		, 21	001		_
2		Vincent	^	V.	Calla	han	Lelia		Grace		Call	ahan	
5	160 V	VAS DECEASED EVER	IN U.S. ARA		16b SOCIAL SECT		17 INFORMANT		ADDRESS	5			_
ũ	no	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	218-16-9	821	Donald C	Dulir	Sr RD 1 Box	x 129			
		18 CAUSE OF DEAT			line for (o), (b), ar	id ic	1	/	- 1		BETWEEN	MATE INTERVAL INSET AND DEATH	
71	-	PART I. DEATH W		E CAUSE (a)		/Kes	peralosy	7	orlure				
4		DUE TO, OR AS A CONSEQUENCE OF											
4		Conditions, if ony, which (b)											
d		gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF M. T											
	4	underlying cause lost (c) / 9007 / Elevon Pislase											
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN									N IN PART 1 c		
	ATIO	190 DATE OF OPERATION 196 COND			ION FOR WHICH OPERATION WAS PERFORMED						WERE FINDIN		-
7	CERTIFICATION							YES NO YES			ING CAUSES	OF DEATH?	
5		OR CONTRIBUTING CAUSE OF DEATH			OF INJURY M. MONTH DAY YEAR 216 HOW INJURY OCC			OCCURRE	(ENTER NATURE OF INJURY	N ITEM 18 PAI	RT 1 OR PART 2)		
1	MEDICAL	(IF EITHER NOTIFY MEDIC				19	211 LOCATION						-, 1
	MEE	WHILE NOT WH		21e PLACE	REET, FACTORY, OFFICE,	FARM, ETC)	STREET		CITY OR TOWN		COUNTY	STATE	
		AT WORK AT WOL	RK -			13	- 1	017	7 -	24	- 87		_
	-	220.1 certify that (1)		ol) aftended th	2.3 10	87 00	ad that in (ATV) (our) o	pinion de	oth occurred on the date	and how		hot of (we) la	51
	1	sow the deceased olympian											
		226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF							7-	74-87			
0		226 PHYSICIAN'S NAME (TYPE OFFRINT) 226 ADDRESS 227 ADDRESS							1 2 0	27 4 7	_		
		Terry P. I					140 S. Was	hingt	on St Easton,	, MD	21601		
	230 B	SURIAL, CREMATION,		23b. DATE	230	NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION				
	Bu	rial		3/26/	87 W	oodlaw	n Memoria	l Pk	Easton	T	albot	MD	
	24 Ft	JNERAL DIRECTOR			ADDRESS		2	So DATE	REC'D. BY REGISTRAR 25	B REGISTR	AR'S SIGNAT	URE	
	Newnam Funeral Home Easton, Maryland MAR 3								3 0 1987	Sie No	and a		

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.	4	ن	1	0
	20. DATE OF DEATH MONTH	DAY	YEAR	26 HOL	JR.
	3-06	-8	7	10	SA
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HE
_	51 YRS	WON1H2	DAYS	HOURS	MI
	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

3. SEX 4 RACE DATE OF BIRTH MONTH & BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY

MARRIED NEVER MARRIED DIVORCED WIDOWEDE

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

C00

MIDDLE

12h KIND OF BUSINESS OR INDUSTRY

BETWEEN ONSET AND DEATH

ID. CITY OR TOWN OF DEATH USUAL RESIDENCE

ISTATE OF FOREIGN

160. WAS DECEASED EYER IN U.S. ARMED FORCES?

13c. CITY OR TOWN

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d INSIDE CITY LIMITS? NO T 15. MOTHER'S MAIDEN NAME

DY

13e STREET ADDRESS / ZIP CODE

14 FATHER'S NAME PEIRS1

IYES, NO OR UNKNOWN)

Wo

FOR

COUNTRY

REGISTRAR & DECEASED NAME TTYPE OR PRINTS

- STATE

MIDDLE ver may

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) in PART I. DEATH WAS CAUSED BY.

17 INFORMANT

ADDRESS

OY

reema

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.

IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE

16h SOCIAL SECURITY NO

DUE TO OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OBERATION

CERTIFICATION

MEDIC/

neer

20e AUTOPSY 196 CONDITION FOR WHICH OPERATION WAS PERFORMED NOF

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TO NO [

21m. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM

214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

WHILE NOT WHILE

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION CITY OR TOWN COUNTY STATE

saw the deceased alive on above, (1) (we) (did) (did nat) view the bady after death 22h SIGNATUR

22e.1 certify that (1) (this haspital) attended the deceased from

DEGREE ATTENDING 22e ADDRESS

22c DATESIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAND

and that in (my) (aur) ppinian death accurred an the date and have and from the causes stated

COUNTY

224 PHYSICIAN'S NAME (TYPE OF PRINT)

23a BURIAL, CREMATION, REMOVAL 23b. DATE

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

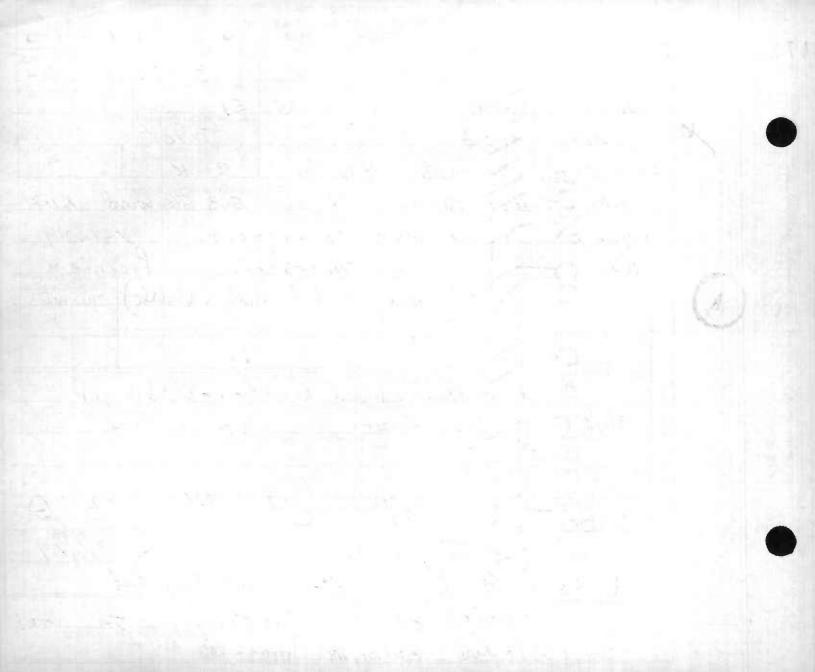
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24 FUNERAL DIRECTOR

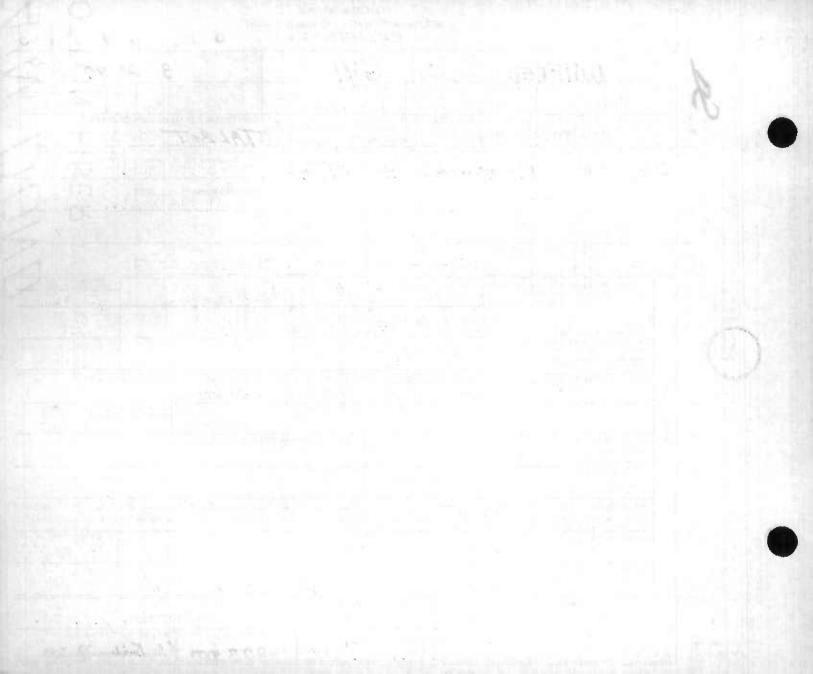
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250 DATE REC

BY REDISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) lizabeth 3. SEX AGE (IN YEARS LAST BIRTHDAY) HOUR! 06 04 White Female 80 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. WIDOWEDX DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Seamstress Underwear Co. MARYLAND 21201 HBUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
136. COUNTY
137. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Talbot Rt 2 Box 340 21601 Maryland Easton NOTX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lawrence R. Duver Helen E. Bramble ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT BALTIMORE, 166 SOCIAL SECURITY NO IYES, NO OR UNKNOWN] LIF YES, GIVE WAR OR DATEST 215-20-4993 Betty E Frampton Rt 2 Box 342 Easton MD no 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ici.) PART I. DEATH WAS CAUSED BY NOTASTATI PRESTON ST., IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF OF COLDN FEW MOS Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF oth underlying couse lost. a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, NO CERTIFICAT 190 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 00. HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE, FARM ETC) NOI WHILE 220.1 certify that (1) (this hospital) atended the deceased from. sow the deceased alive a and that in (my) (our) opinion death occurred on the date and have and from the causes stated obover (1) (ve) Idid (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL MS ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 330 BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b DATE (SPECIFY) CITY OR TOWN Burial 3/10/87 Woodlawn Memorial Pk Easton Talbot MD 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Deriden Pandres Newnam Funeral Home Easton, Maryland (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH A REGISTRAR P. DECEASED NAME ANIDD1 F (TYPE OR PRINT) sheed 3 SEX IF UNDER 1 YEAR IF LINDER 24 HRS DAYS 9, 1981 Jan. Female Negro BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Easton, Md. U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY IBV COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE NO V Hurlock YES [Dorchester Box 20 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Eva Green ADDRESS Md. 21643 166 SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN LIE YES GIVE WAR OR DATEST 214-96-4799 Hurlock, Eva Green, Rt. 1, Box 202, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART L DEATH WAS CAUSED BY congestive 1 year IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF cor outmone Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF sun browne underlying cause BINK PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION bleen aprea 19 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOTWHILE 22a I certify that (1) (this hospital) attended the deceased from. 2/16 saw the deceased alive an_ and that in (my) (our) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22h SIGNATURE DEGREE 22r. DATE SIGNED Judili Pouten Husle no ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERA 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 70 JUDITH PORTER GLESKE, MD 105 Orlchwang lane EUS ton, ord , 1987 NAME OF CEMETERY OF CREMATORY 236. BURIAL, CREMATION, REMOVAL 23d LOCATION (SPECIFY) Farmers Ch. Cem. Burial Preston, Caroline, 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

Maryland, Couchester Harlock N. St. 1. Box 202 Dvs Green alenie nodew? 214-98-1793 Eva Jreen, Rt. 1, Box 291, Hurlook,

and of Parkage Paragraph Ch. Com. Presson, Carolin., Fd.

MAR OB 1977 Mile Management

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ASA 02 387 Line T. Landows

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4 7	236 UR 1		STATE REGISTRAR				CATE OF DEATH	5 /	0 7 5, NO.	0 54	
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	oge 3 death	1111		unice	B.	1	arris		3 2	87	4 AM
	fer d	3 SE	×	4. RACE		5 DATE O	F BIRTHDAY . YEAR	6. AGE (IN YEARS LAS			HOURS MIN.
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5	by the	E	Easton	Fai	OT IN SUCH FACILITY, GIVE	MOTICE!	lospite)	(TYPE OF WORK FOR MC	TIC	INDUSTRY	
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MORE,	n and co		VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (II	J.S. ARMED FOI		2.355%	Sandra	Smith	DDRESS	200 ST	
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5, 20	uires t igned en ple s buro ury, or	z	PART 2 OTHER SIGNIFIC	CANT CONDITI		G TO DEATH BUT	NO RELATED TO THE TEL	RMINAL DISEASE OR C	DITION GIVEN	IN PART 110	
ORD	een s	AT O	190 DATE OF OPERATION	210	CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED	20e AUTOPSY?	T20h JE YES, V	VERE FINDING	35 LISED
IL REC	he low on. hos b perm ene pr	CERTIFICATION	IN DATE OF OFERANCE		CONDINGINION	THE TOTAL PROPERTY OF	· · · · · · · · · · · · · · · · · · ·	YES NOTE		NG CAUSES C	
VITA	throne Transit		210. ACCIDENT WAS UNDERLY		TIME OF INJURY	H DAY YEAR	21¢ HOW INJURY OCCL	JRRED (ENTER NATURE OF	INJURY IN ITEM 18 PART	I ORPART 2)	
Ö	SICIA ng pl certif certif tental	MEDICAL	LIFETHER NOTIFY MEDICAL	XAMINER)	P.M.	19	21f LOCATION				
NOISINI	PHY Hendin The burner and W	MEC	214 INJURY OCCURRED	TATE	PLACE OF INJURY HOME STREET, FACTORY, O	OFFICE ENDMETC)	STREET	City	NWOTR	COUNTY	STATE
NIO NIO	Afre os olth mork		220 I certify that (I) (the	s hospital) atte	nded the deceased	from . V2	1/2 10 8	2 3	12 10	-X-1-	ot (I) (we) ast
	TEN Or US or US 21 is		sow the deeposetho	live on	3 2		d that in (my) (our) opinio	n death occurred on th	e date and hour o		
	hospine Hospine Head for them 2 them 2		226 SIGNATURE	(ala not) view tr	ne gody offer geoffi.		DEGREE	,	74-310-2	22c. DATES	IGNED .
	Y the O y the defoc		mbro	T.	DAN	GATOS	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN 🗌	3	38/
	TO HOSPITAL retained by the TO FUNERAL should be deto with the Stote IMPORTANT.		West Name	TYPE OF DOWN	But	5000	Raut 3	Box 127	EAST	UN .	- 2160
	short 10 short with Mp	23a	BURIAL, CREMATION, REA	AOVAL ZILD	ATLA I	2M NAME OF C	EMETERY OR CREMATOR	23d LOCATION	4	DUNEY	51.00
	BP			10N 3	14/87	Hollow	ay Cremotor	1 50/156	wy Y	VIC	Mn
	DHMH - 16 60M 7/84 (VRA 15, 4)	24. f	PERAL DIRECTOR	h. 11	ADO	DRESS Onto	m/ 250.89	ATE REC'D. BY REGISTI	RAN (Sh. REGISTRA	P'S SIGNATU	RE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS ASTREET, II ANY DELAY IS NECESSARY. PLEASE PRECUTE THE CERTIFICATE WRITING THE WORD "FENDING" BY PRICE IN 17 HOURS ASTON YOUR PILES. POR 4 SHOULD BE 1958 AS A BURBAL. TRANSIT PERMIT. PAGES 2 AND 310 THE HURBAL DIRECTOR. PAGE 3 SHOULD BE 1958 AS BURBAL. TRANSIT PERMIT. PAGES 2 AND 310 THE PLOUND RELEASE. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIBNE. DIVI CONCE VITAL RECORDS. 204 WARRESTON STREET. BALTIMORE, MARYLAND. 21201 PRICE TO BURBAL. CREMATION. OR REMOVAL.	REGISTA			ME		EXAMIN	ER'S CI	ERTIFIC	CATEC)F DØ/		REG.	No.		T-Snight	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER, THIS CERTIFICATE SHOULD BE EXCUTED WITHIN 24 HOURS AFJECTALL IT FANY DELAY IS NECESSATED BY THE CERTIFICATE, WRITING THE WORD "REPUBLING IN FENCIL IN 17EM. IS. GOVERNOES. 72, MUS 370 THE HUNERA PACE 4 SHOULD BE PORWARDED TO THE CHIEF MEDICAL EXAMINÊR ALONG WITH FORM PM.3 RETAIN PACE STORE TO FUNE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIBNE. DIVINGONG WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIBNE. DIVINGONG WITH RECORDS, 20, MUS PRESENTED.	Eas	ston	/	Memoria	ACILITY GIVE ST	pital	at Ea		TION	FOR	MOST OF WO	orking life)		0	OR INDUST	RY
	Maryl		Queen		T3c. CITY	OR TOWN	T	YES	NO 🔽		EET ADDR	RESS Box	177	c_2	110	58
9 100	14: FATHER'S	NAME		WIDDLE		LAST		Is. MOTH	ER'S MAIDI	EN NAME		WIDDLE			LAST	
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A MANA I	16e WAS DEC	EASED EVER IN			166 SOC	IAL SECURIT	NO. 1	7. INFOR				ADDRI	ESS			
1 1 2 2	Yes		W.W		218	-05-58	31	Carol	e M.	Hart		same	as	above	9	
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Col. 1. Willyans ten trowns at 12 years and 12 years and

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH (TYPE OR PRINT) RAPHAEL HELMHOLZ SKINNER 03 4 RACE 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR DAY White Female 02 22 91 96 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) U.S.A. Marvland Talbot WIDOWED DIVORCED | O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFET Route 5 Box 744 Easton Owner USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. CUTY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Rt 5 Box 744 Talbot Easton 21601 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE WIDDLE Skinner Lawrence A. Katherine ADDRESS 16h SOCIAL SECURITY NO. 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Corinne S Shreve Rt 5 Box 744 Easton MD 21601 no 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and to PART I. DEATH WAS CAUSED BY: FAILURE DNUGESTIVE HENKT IMMEDIATE CAUSE (O. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? bei YES NO 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN NOT WHILE 220 I certify that W (this hospital) attended the deceased from (our) opinion death accurred on the date and have and from the causes stated odv ofter death 2 SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS ould b

STATE OF MARYLAND

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Newnam Funeral Home

Burial

Easton, Maryland

3/30/87

23b. DATE

William J. Banfield, M.D.

23a. BURIAL, CREMATION, REMOVAL

Spring Hill Cemetery Easton 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

23d LOCATION

505 Dutchman's Lane Easton Maryland 21601

Talbot Julia Diordon-Randall

22c DATE SIGNED

VEAR

87

IF UNDER 1 YEAR

INDUSTRY

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YES [

COUNTY

COUNTY

25 HOUR

126. KIND OF BUSINESS OR

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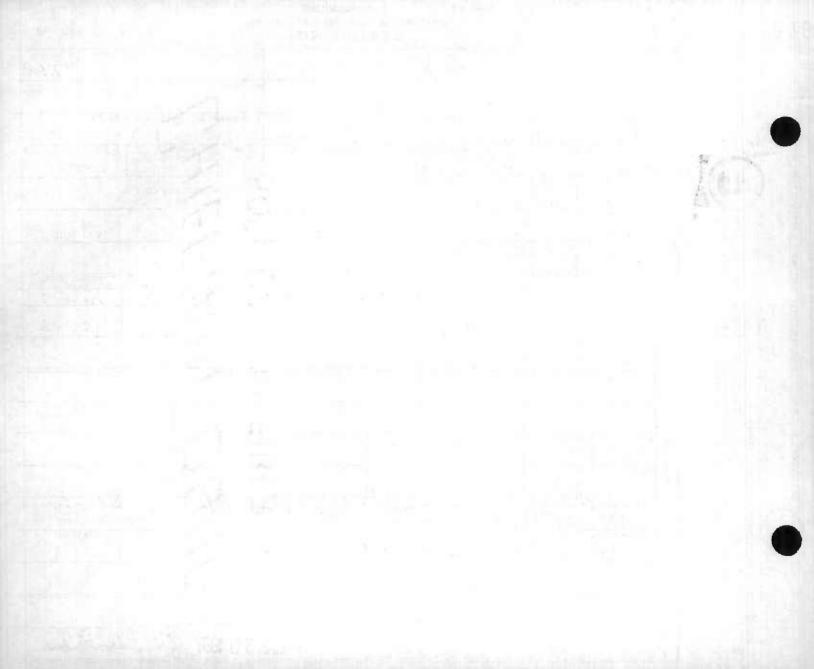
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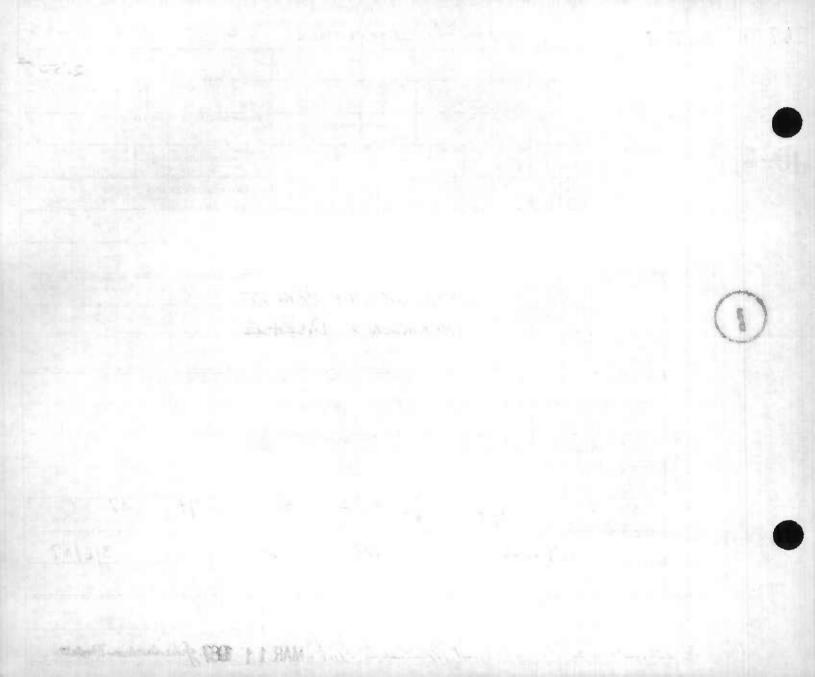
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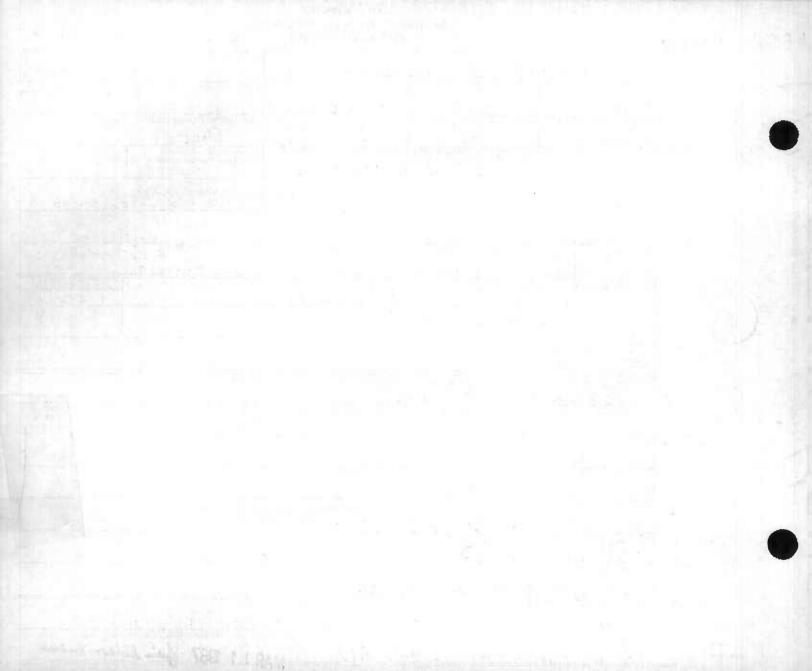
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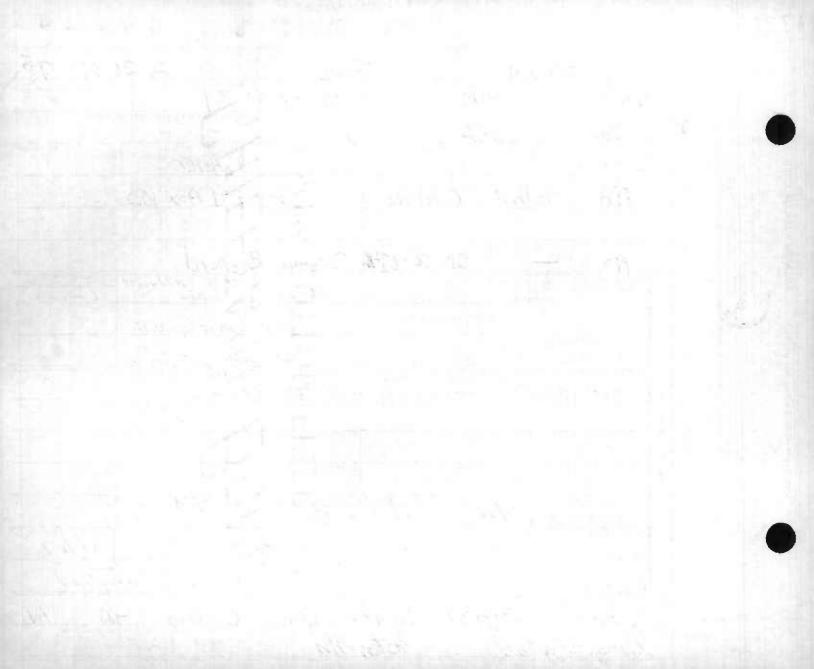




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700	t mo	3. SE	Х	4.	RACE		5. DATE	OF BIRTH	YEAR	6. AGE (IN YEAR	S LAST BIRTHD	MONTH	DER I YEAR	HOURS MIN.
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212	1 11/201	15U 13a.	AL RESIDENCE (IF NURS	136 COUNTY	Υ	13c. CITY OR	BEFORE ADMISSION	13d INSIDE	CITY LIMITS?	13e.STREET AD	DRESS / Z	IP CODE		
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WA	1 11/17/		George			Zieg			Wilimi	na		IImph:	ries	
ORE,	y dico		WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMI		166. SOCIAL	SECURITY NO.	17 INFOR	TMAN		ADDRESS	4 Bel:	levu	e Ave
IW	S. Po		No			214-	34-511	W.	Grason	Jones	Camb	ridge		21613
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REST			Conditions, if ony, gove rise to imm		(b)_									
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	quires a signed Then ple to burid njury, o	NO	PART 2. OTHER SIGN	NIFICANT CO	NDITIONS C	ONTRIBUTING	O TO DEATH BU	NOT RELAT	ED TO THE TERM	INAL DISEASE	OR CONDIT	ION GIVEN IN	I PART 1(a	
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I R	he lo	Ŧ)				YES 🗍	400 "	YES [CAUSES	NO [
VII	N. T.	CER	21a. ACCIDENT WAS UND		21b. TIME C		H DAY YEAR	21c HOW	INJURY OCCUR	RED (ENTERNATU	RE OF INJURY IN	ITEM 18 PART I C	OR PART 2)	
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	D 6 2 = 1 3 C	13a	BURIAL, CREMATION,	REMOVAL	236. DATE		23c NAME OF	CÉMETERY C	RCREMATORY	23d. LOCAT	ON	('0)	INTY	STATE
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	(VRA 15, 4)		Thomas	Fure	rel Hor	re (Anb.	1110	MA	81119	87 4	dia Dari	hor-K	and the
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	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME OR OTHER INSTITU		
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E. I control	16e V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIA	L SECURITY NO. 17 INFORMANT	ADDRESS	
BALTIMOR be exect to no ond rs. Poges	- (VE WAR OR DATES)	V. 1144 Dai	de Banand	
TIN S. P.		No I	\displays	2 LIB Ollei	you Daynara	
BAL.		18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a),	(b), and ici)	. DESPITE Ade	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 4 4 5 5 5		PART I. DEATH WAS CAUSE	TE CAUSE (0) FAI	VIE TO THAN	IVE NUTHIRON	6 mo-7295
W. PRESTON ST		IMMEDIA				
0		C I'm 14	DUE TO, OR AS A COM	ISEQUENCE OF	21 . / pr. of - 7	die:
A de la contraction de la cont		Canditions, if any, which gave rise to immediate	(b)	t decourt for	CIVE A Progetopin	4810
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		underlying couse last.	1 10 Poss	ible occult		20000
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AL RECORDS, The law required to be bos been signer prior to by spene prior to b hows ony injury	Z	KnasaKa	EFS Sund	cons with	Dem en Tig	
0	Ē	19a DATE OF OPERATION	10 CONDITION FOR	WHICH OPERATION WAS PERFORM		M. IF YES, WERE FINDINGS USED
REC low	5	The DATE OF CITEMATION	The condition on	THE TOTAL PROPERTIES		CERTIFYING CAUSES OF DEATH?
AL The	CERTIFICATION				YES NO	YES NO
DIVISION OF VITAL NG PHYSICIAN: The offer this certificate h as the buriol-transit phond Mental Hygier phond Mental Hygier prival show and death of the miles show and de	U	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MON	THE DAY YEAR 21c HOW INJUR	RY OCCURRED (ENTER NATURE OF INJURY IN	ITEM TS PART 1 OR PART 2)
O Clas	¥	OR CONTRIBUTING CAUSE OF DE	A111	19		
ON OF HYSICIA Instantial Puriol-t Mental	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
VISIO G PH orth ond ked d	X	WHILE NOT WHILE	(AT HOME STREET, FACTORY,	OFFICE, FARM, ETC 1 STREET	CITY OR TOWN	COUNTY STATE
DIV In ork		AT WORK			6/ 2/20	
OR. V		226.1 certify that On this hosp	ital) attended the deceased	from 6	1986 , 10 2/28	, 198, that (we) last
TITE Parts		saw the deceased alive on abave (like) (did) (did no	2/26 view the body ofter death	_19_1 and that in my (au	ur) apinian death accurred an the date	and haur and fram the causes stated
OR A DIRECTOR A DIRECTOR A DIRECTOR A THEM		276 SIGNATURE	2011	DEGREE		22c DATE SIGNED
		7.1.11	La Naulle 7	IT MO ATTE	ENDING MEDICAL STAFF	7/1/87
HOSPITAL med by th FUNERAL Jid be dete the State		274 PHYSICIAN'S NAME TYPE		22e ADDRESS	YSICIAN DIRECTOR PHYSICIAN	1 1
HOSPI PUNE Suld be the Signature of the		1 THIS CIRIL S IVAN G (TIPE C		2 The RT?	Box 106 Dutchan	121 61-6, 1
		Lvdwis J.	Eg LSU du	(Etha)	EASTON	Many/and
5 € 5 € ₹ ₹ /	23e E	JURIAL, CREMATION, REMOVAL	236. DATE	230 NAME OF COMETERY OR CRE	MATORY 23d LOCATION	
BP		Rurial	3/4/27	Newbown CA	CITY OR TOWN	2n nin
DI	74 F	INFIRM DRECTOR	1 10	I WASANJOON I CE	25a DATE REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
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(VRA 15, 4)		Surge of no	nell	100101110	MAR 1 3 198/ 3 14	la Diose



R 13 7	FOR - STATE REGISTRAR		TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	9321
	CEASED NAME FIRST	WIDDLE	Laxe	20. DATE OF DEATH MONTH	4 87 11 7
3. SE		14. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	Black	April 11. 192	63 YE	MONTHS DAYS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COU	
	Maryland	U.S.A.	WIDOWED DIVORCED	Tal bot	COUNTY M
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR INDUSTRY
1	=aston)	LASTON OR OTHER INSTITUTION, GIVE RESIDENCE BEF	MEMORIAL	Mechanic .	Trucking
130.	STATE IS COL	JNTY 13(, CITY OR TO	WN 134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	ODE 0114:
_	aryland Doi	rchest Hurlo	YES NO III	IRt. 1. Box	160A 4 67
V	FIRST	MIDDLE LAST	FIRS1	WIDDLE	LAST
16a	Ernest Was deceased ever in U.S. A		CURITY NO. 17 INFORMANT	ADDRESS	ing
-	(YES, NO OR UNKNOWN) (IF YES, O	N II 219-14-	-4878 Mary Lake	Rt. 1, Box	160A.Hurlock
F	-5-3			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		only one cause per line for (a), (b), SED BY: ATE CAUSE (a) M 40	corp, an INF	FARE TION	L HRS
Z O	PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 11a
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. II	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN 11EA	
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION	CITY OR TOWN	COUNTY STATE
2	WHILE NOT WHILE AT WORK	THE TOTAL STREET, FROTONT, OFFIC			
		pital) attended the deceased from	/ —	10 5 - 4	
	saw the deceased alive a	on 3 - 19 act) view the body ofter death.	DEGREE	MEDICAL STAFF	hour and from the causes stated 22c DATE SIGNED
<i>/</i>	saw the deceased alive a above, (I) (we) (did) (did)	act) view the body offer death.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the causes stated 22c DATE SIGNED
230	saw the deceased alive of above, (I) (we) (did) (did 22h. SIGNATURE	AL 23b DATE 23	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	hour and from the causes stated 22c DATE SIGNED

sryland Dorghest, Burlock B Rt. 1, Rox 1608

renact W. Lako Akanie W. Mine de Jeneral Renaction de la Son 150A. Marriado

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Turing No. Verstan's Education Jorchester Mb

047238 HAR

A STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

70. BIRTHPLACE

COUNTRY

USUAL RESIDENCE

I STATE OR FOREIGN

3. CITY OR TOWN OF DEATH

3. SEX

DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 / O	9 3	2 3
	LANE	20. DATE OF DEATH MONTH	8-87	26 HOUR AP M
	5 DATE OF BIRTH MONTH DAY YEAR 4 2 60	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
T COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF COUNT	Y OF DEATH	MD.
ITAL, NURSING	G HOME OR OTHER INSTITUTION ADDRESS HOSPITAL	120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORKING)		F BUSINESS OR
RESIDENCE BEFORE		S? 13e.STREET ADDRESS / ZIP GOD	× /2	ne-
a m A	15 MOTHER'S MAIDE	NAME	KOLAS	ha

CIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO **ADDRESS** 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! (D) APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY TLOW TH IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

26 FUNERAL DIRECTOR

23a BORIAL, CREMATION, REMOVAL

saw the deceased olig obove, (I) (we) (did) (flid not

22d. PHYSICIAN'S NAME (TYPE OR PRINT

22b. SIGNATURE

236 DATE

lew the body ofter death

RACE

LIF NURSING HOME OR OTHER INSTITUTION

23c NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

ATTENDING

23d. LOCATION CITY OR TOWN

and that in (my) (aur) apinion death accurred an the date and have and Iram the causes stated

COUNTY

226 DATE SIGNED

ADDRESS

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

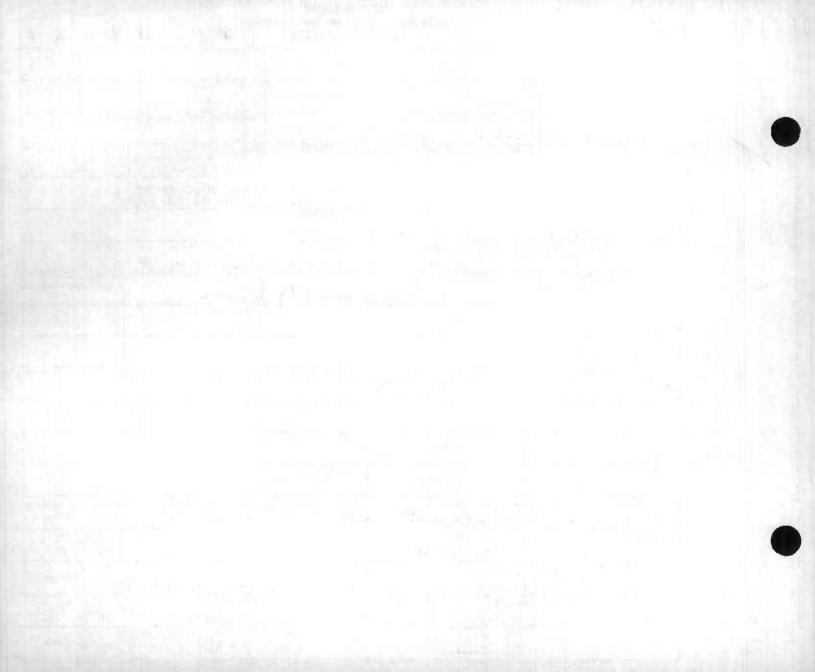


Newnam Funeral Home Easton, Maryland

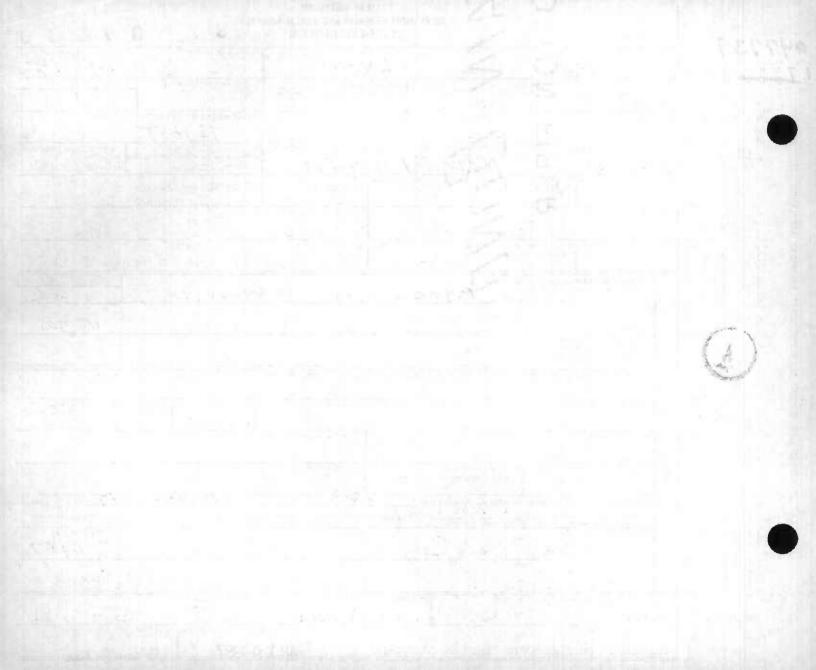
Julia Dividson Randale

DHMH - 16 60M 7/84

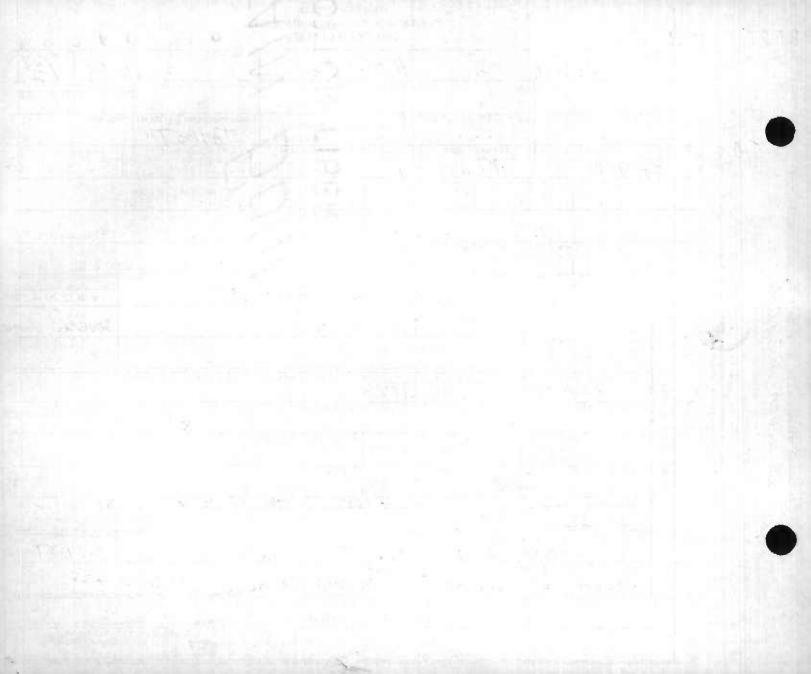
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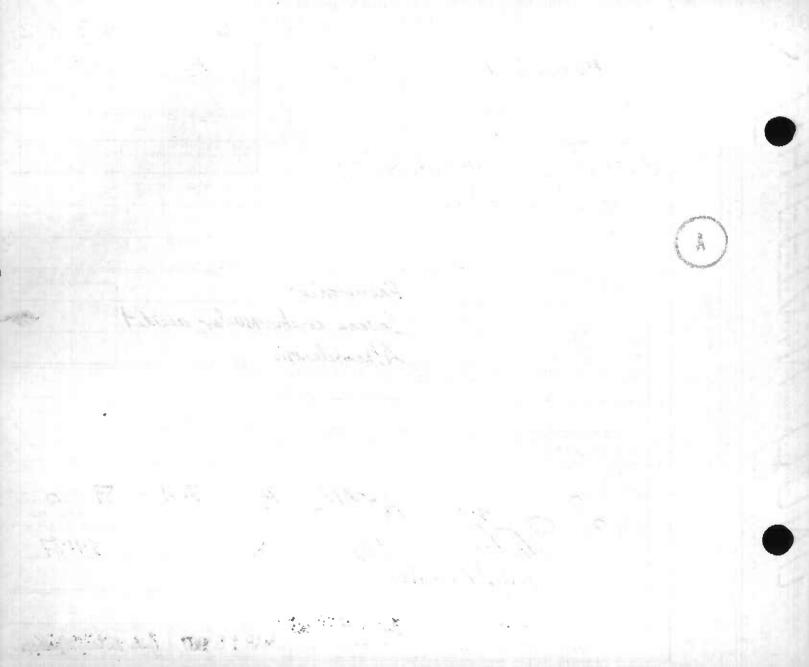
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- 6 0 8 M W 20	3! SEX	4 RACE		5. DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAST BIRTHD.	MONTHS DAYS	IF UNDER 24 HRS		
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hoor Poor	Maryland	R FOREIGN 76. CITIZEN OF U.S.	WHAT COUNTRY	MARRIED X N	EVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH TA 160 T M				
Sold frith to	EASTON	EATH 11. NAME OF		NG HOME OR OTHE	R INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY Salesperson ladies apparel				
AND 212	USUAL RESIDENCE (# NU 130. STATE Waryland	rsing home or other institution 13b, COUNTY Talbot	GIVE RESIDENCE BEFORE TO VERY	WN 13d INS	SIDE CITY LIMITS?	13e STREET ADDRESS / Z 11 Maple Av	IP CODE	NOS A		
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IMORE, In and co. Poges	160 WAS DECEASED EVE (YES, NO OR UNKNOWN) NO	R IN U.S. ARMED FORCES?	213-24-2		ormant nest L Lyor	ADDRESS ns 11 Maple Ac		D 21673		
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that he death	Conditions, if or gove rise to it cause (a), statunderlying cou	y, which namediate ring the se lost. (b) DUE TO, C	DR AS A CONSEOU	S IN	0		15	TRS		
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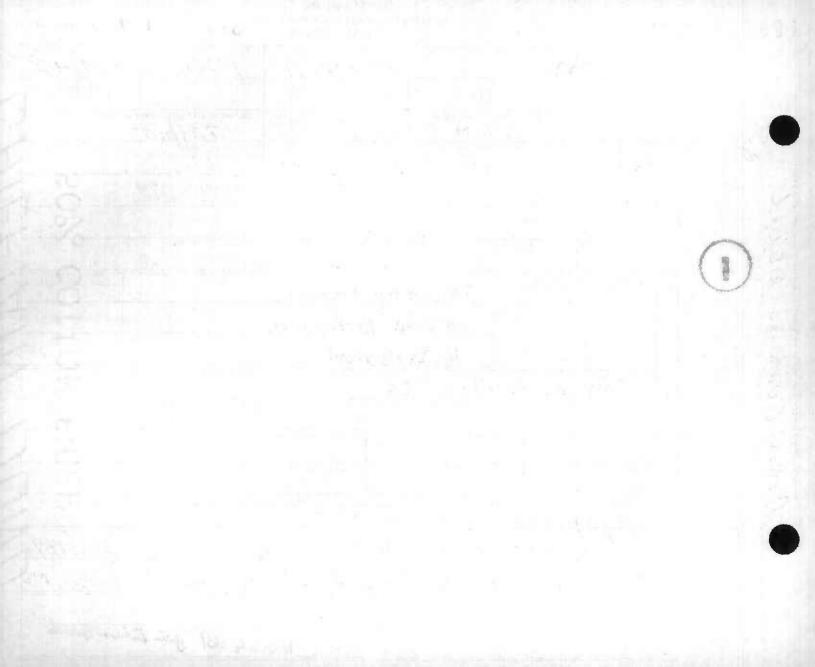
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		230 E	BURIAL, CREMATION, SURIAL	REMOVAL	23b. DATE			EMETERY OR CRE		23d LOCATION		COUNTY	STATE
	BP	_	SUR181 UNERAL DIRECTOR		3/18/	87	woodlaw	n Memor		Easton		lbot	MD
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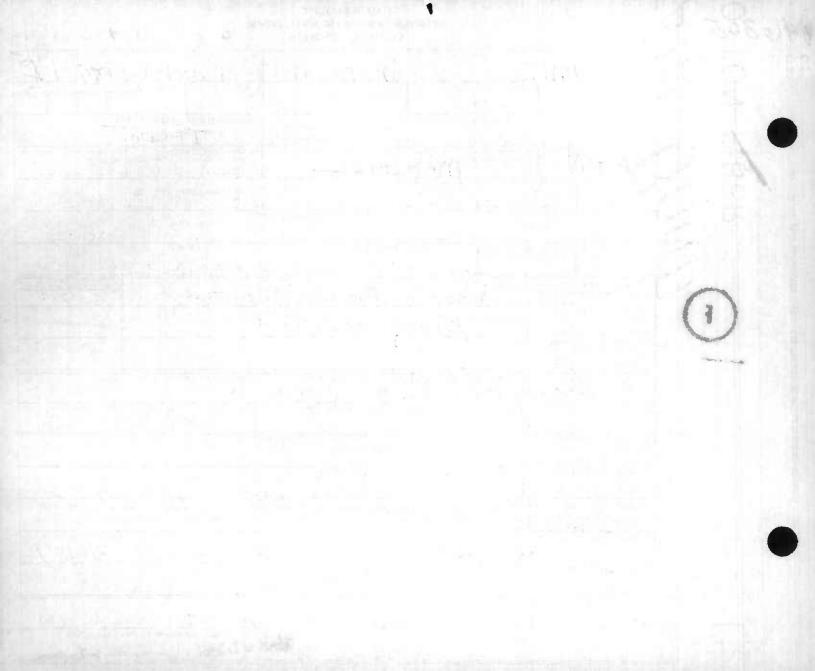
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Pe for		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME OR OTHER INST	TITUTION	120. USUAL OCCUPAT			F BUSINESS		
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" /		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	166 SOCIAL SECURIT	Y NO. 17 INFORMA	INI	ADDR	£22				
-	1	NO		263-01-26		. Ruth	Mezick - S	ame as				
870		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause pe	er line for (a), (b), and	neumoni				BETWEEN	MATE INTERV		
Then plea Then plea or to burial	NOI	PART 2 OTHER SIGNIFICAN	(0)	OR AS A CONSEQUENCE					- 40			
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an 2		obove (D(we) (did) (did 22b SIGNATURE	no) view the bad	after death	DEGREE	, ,			22c. DATE			
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₩ ¥ ₹ ¥ ₹		URIAL, CREMATION, REMOV	AL 236 DATE	13c NA	ME OF CEMETERY OR (CREMATORY	23d LOCATION					
	(Removal	3-1	1-87			CITY OR TOWN		COUNTY	STATI		
	24 FL	INERAL DIRECTOR				250 DATE	REC'D. BY REGISTRAL	25h REGISTI	RAR'S SIGNAT	URE		
5 60M 7/84 15, 4)		NAME State Ar	natomy Bo	pard AODRESS	Balto., Md	. MA	R 1 6 1987	aulta	Alexander .	Date of		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20. DATE OF DEATH 26. HOUR 30 MONTH (TYPE OR PRINT) E. 4. RACE 5. DATE OF BIRTH AGE TIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX White MONTH YEAR remale 27 96 04 90 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED X DIVORCED [11. NAME OF HOSBITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) STON Homemaker EMORIA MARYLAND 2120 UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) THE COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Talbot 200 S. Aurora Street 21601 Easton Maryland NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Delahay Stewart George W. Cora ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Easton MD 218-48-5393 Thomas E Mitchell 35 Mt Pleasant no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (b) PART I. DE ATH WAS CAUSED BY monar IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF cartiac Canditions, if ony, which gave rise to immediate couse (a), stoting underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION ervical 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive on above (I) (we) (and a did not view the body after death and that in (my) (aur) opinion death accurred on the date and have and from the causes stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL Burial 3/23/87 Woodlawn Memorial Easton 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE. DHMH - 16 60M 7/84 (VRA 15, 4) Newnam Funeral Home Easton, Maryland



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ne pri	-SE	178 DATE OF OPERA	1014	A TOND	TO TOR WI	IICH OFEKATIO	WASTERITY			Y IN	CERTIFYIN	G CAUSE	SOFDEA	ATH?
sho gie	ERT	21a. ACCIDENT WAS UNI	DERLYING [7]	21b. TIME O	F IN IURY		21c HOW INJURY C			O CE INTERPRETATION	YES [1 00 8 4 9 1 2)	NO	
ol-tron mtol Hy em 18		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH	DAY YEAR		Je Commed	I E MI EN MANOR	E OF HAJORT HAT	TEN TO THE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
the buriol-th ond Mentol ced or Item	MEDICAL	21d. INJURY OCCUR		P./		19	21f LOCATION				-			
the the cond	A.	WHILE NOT WE			EET, FACTORY, OFF	ICE, FARM, ETC.)	STREET		C	ITY OR TOWN	,	COUNTY		STATE
Afte olth mork		22a I certify that (1)		ottended thi	6 doctored to	am.	10	1977	10	3/1	· A	17	46/10	(we) lost
F He		saw the decease	ed offve on	201	20 1	57	nd that in (my) (bur) a	pinion death	occurred o	in the date a	nd hour ar	nd from th		
RECT RECT red for pt. o		above, (1) (we) (c	did (did not)	iew the body	after death.		DEGREE	77. 710.				22c DAT	-)
L DIRE		1	1/61	wer	100			ING MI	EDICAL	STAFF		2/	118	0
FUNERAL uld be determined by the State ORTANT: H	1	224 PHYSICIAMS N	AME (TYPE OF PR	IINT)			22e ADDRESS	IAN QII	KECTOR [PHYSICIAN		1.0/1	10	1
Day A		Donald T.	Laware	MD			Dutchman	te Lanc	Foet	on MD	2160)1		
TO FUNE should be with the S	23a	BURIAL, CREMATION,		23b. DATE		231 NAME OF C	EMETERY OR CREMA		3d LOCATIO		2100	7.1		
BP	1.0	(SPECIFY)		3/4/87			Catholic C			ffin	Ser	eca	Oh	STATE
	-	UNERAL DIRECTOR		5, 1, 01				So DATE REC						
DHMH - 16 60M 7/84 (VRA 15, 4)	N	Newnam Fur	neral Ho	ome	Easton	Maryla	nd	」 不必配	5 198	37 1	ine wie	with the	The de	44.0



DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

16	8 /REG. NO. O	9	3	S	3
	20 DATE OF DEATH MONTH	7/9	YEAR	26. HOL	740
ī	6. AGE (IN YEARS LAST BIRTHDAY)		RIYEAR	IF UNDER	24 HR
	81 yes	MONTHS	DAYS	HOURS	MIN

100	DETAGNATION	
3. SEX	4. RACE	5. DATE OF BIRTH
MALE	CAUC.	FEB. 2, 1906
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED
PENNA.	U.S.A.	WIDOWEDX DIVORCED

TOTALT ABATAT

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY POSTAL SERVICE RETIRED

9 BALTIMORE CITY OR COUNTY OF DEATH

JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1136 COUNTY 13c. CITY OR TOWN

TALBOT

MICHAEL LAST

13e STREET ADDRESS / ZIP CODE NO F 15. MOTHER'S MAIDEN NAME FIRST

409 RAILROAD AVE. 21663

MIDDLE JOSEPH A 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

FOR

REGISTRAR I. DECEASED NAME (TYPE OR PRINTI

10 CITY OR TOWN OF DEATH

MARYLAND

IYES NO OR UNKNOWN

14. FATHER'S NAME

- STATE

166 SOCIAL SECURITY NO

DAISY KELL 17 INFORMANT

13d INSIDE CITY LIMITS?

ADDRESS 409 RAILROAD AVE21663 RICHARDSON ST. MICHAELS.

LAST

BETWEEN ONSET AND DEATH

NO 207-09-0172 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if ony, which

MIDDLE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE TERMINAL DISEASE 190 DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOI YES [NO [

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

gove rise to immediate couse (a), stating the underlying couse lost.

> 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 211 LOCATION

COUNTY CITY OR TOWN STATE

AT WORK 220 I certify that (1) (this haspital) attended the deceased from sow the deceased alive on. above, (1) (weither) (did not we'v

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d PHYSICIAN'S NAME

22e ADDRESS

230. BURIAL, CREMATION, REMOVAL

226 SIGNATURE

236 DATE MARCH 25 23c. NAME OF CEMETERY OR CREMATORY

CITY OF TOWN **POZMAN**

and that in (my) (our) opinion death occurred on the date and have and from the causes stated

BURIAL MAFUNERAL DIRECTOR

CERTIFICATION

DHMH - 16 60M 7/84 (VRA 15, 4)

ld b 0

T. K. D. A. & M. Halle in Property M. M. - Literation of the color The sale of the sale of the sale of the continuerales, continuedo decero Joseph - Here Expect when Internet mill men A STORE BEL CHIPTER DF. FORTHIN 12.5 Januare WAN 2 B ROT ALL MAN 2 B ROT ALL MAN 2 B

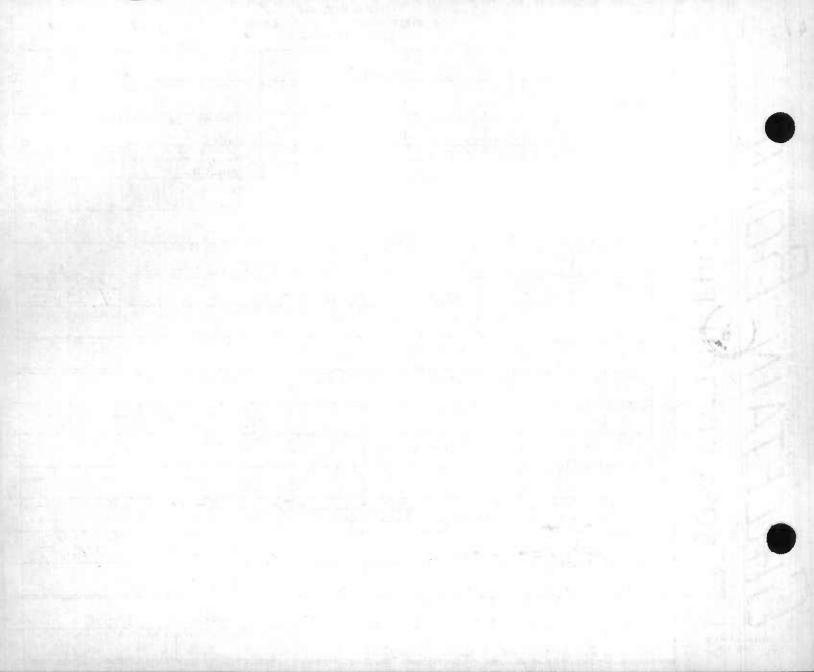
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEASED NAME FIRST MIDDLE LAST	Talbot MD
Phoebe Elizabeth Osolin 3. SEX Female White 1.0 DATE OF BIRTH 7a, BIRTHPLACE (STATE OR FOREIGN COUNTRY) 7b, CITIZEN OF WHAT COUNTRY? Connecticut U.S.A. WIDOWED DIVORCED 1.10 CITY OR TOWN OF DEATH Easton 1.1 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ROUTE 5 Box 528 WILLIAM TRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) WILLIAM TRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) WILLIAM TRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) WILLIAM TRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	6. AGE (IN YEARS LAST BIRTHDAY) 75 YRS. 9 BALTIMORE CITY OR COUNTY OF DEATH Talbot MD. 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR
Female White Manual Manu	75 YRS. P BALTIMORE CITY OR COUNTY OF DEATH Talbot MD. 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR
Female White 11 14 11	75 YRS. 9 BALTIMORE CITY OR COUNTY OF DEATH Talbot MD 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
Connecticut U.S.A. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH Easton Location Residence (if nothing home or other institution give residence before admission) Widowed Divorced [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (If not in such facility, give street address) Route 5 Box 528 USUAL RESIDENCE (if nothing home or other institution give residence before admission)	Talbot MD. 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
Connecticut 10. CITY OR TOWN OF DEATH Easton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	Talbot MD
Easton (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Route 5 Box 528 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 174 STATE 174 STATE	12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR
Easton Route 5 Box 528 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS:	Homemaker
	? 13e STREET ADDRESS
Maryland Talbot Easton YES NO X	Route 5 Box 528 21601
14 FATHER'S NAME FIRST MIDDLE LAST FIRST	NAME MIDDLE LAST
Herbert A. Parsons Sabin	na Elizabeth O'Hara
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
	Osolin Rt 5 Box 528 EastonMD 21601
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) BRESAST CANCE	R 4 /2 4RS
DUE TO, OR AS A CONSEQUENCE OF	
Conditions if any which	
gove rise to immediate	
couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF	
underlying couse last.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	
196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20d. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	YES NO YES NO
	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21b. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN COUNTY STATE
WHILE NOT WHILE AT WORK	
22a.1 certify that (I) (this-hospital) attended the deceased from	, (((
obove, (1) (vive) (did) (did not) view the body after death.	ion death accurred on the date and hour and from the causes stated
226. SIGNATURE DEGREE	224 DAJE SIGNED
ALLIA Came n ATTENDING	
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	
Stephen P. Carney, M.D. Dutchman's	Lane Easton Maryland
Dutchian's	
23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATOR	CITY OF LOWN COUNTY STATE
	CITY OF TOWN

Easton Maryland

DHMH-16 30M 2/80 (VRA 15, 4)

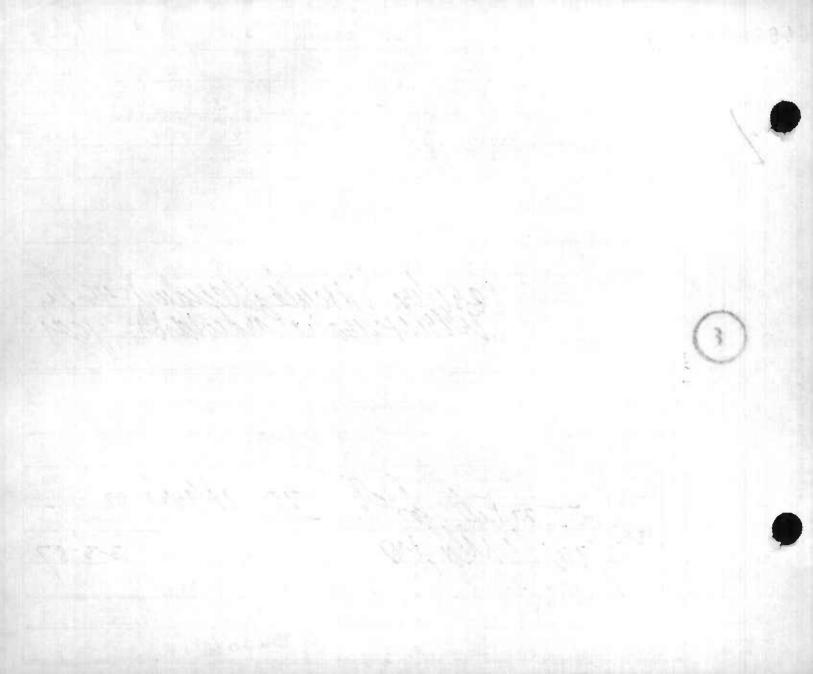
Newnam Funeral Home



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH C) OREGISTRAR WEG. NO DECEASED NAME 7s. DATE OF DEATH MONTH 26 HOUR THE DERIVE HELEN MAY PRETTYMAN 87 03 01 1:00 / 1:5FX 4. HACE 5 DATE OF BRITH A AGE INSTRUCTOR BETHORT 15.40 White Female 09 15 91 95 BIRTHPLACE STATE DESCRIPTION TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Talbot WIDOWEDX DIVORCED [] E CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION. 17s USUAL OCCUPATION 134 KIND OF BUSINESS OF IN NOT IN SUCH FACILITY, GIVE STREET ADDRESS. LIAME ON MORK FOR MOST OF MOREING 198 Easton Meridian Nursing Ctr-The Pines Homemaker MSUAL RESIDENCE OF NURSING HOME OF OTHER INSTITUTION ONE RESIDENCE REFORE ADMISSION 138, STATE 138, CITY OR TOWN 134 STREET ADDRESS / ZIP CODE Maryland Talbot Tilghman 21671 Gibsontown Road A FATHER'S NAME IS MOTHER'S MAIDEN NAME KIDDIR TANK MIDDLE John May Lizzie Harrison T. ME WAS DECEASED EVER IN U.S. ARMED FORCES? IM. SOCIAL SECURITY NO. IJ INFORMANT EYES, NO GE (MANGWA) FUF 183, GIVE WAK DE DATES! 215-20-4442 no John L Prettyman SrP O Box 101 St Michaels MD TE CAUSE OF DEATH :Enter only one couse of PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUETO Conditions, if any, which gove rise to immediate timine (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Liv IFICATION He DATE OF OPERATION 1%. CONDITION FOR WHICH OPERATION WAS PERFORMED 28s AUTOPSYT 206 IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO. YES [NO. 71s. ACCIDENT WAS UNDERLYING. 71s TIME OF INJURY THE HOW INJURY OCCURRED LEWIS NATURE OF HIGHER IN VIEW OF PARTY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL OF EITHER NOTHER MEDICAL EXAMINER. PA 214 INJURY OCCURRED 71s. FLACE OF INJURY TH LOCATION minudox AT HOME STREET PACTORY OFFICE SARM. STATE Not sens [27s I certify that (1) the hospital) attended the decement from about the decembed alive on 2 and that in Imy | - repinion death accurred on the date and how and from the course stated 72: DATE SIGNED ATTENDING AMEDICAL. PHYSICIAN | DIRECTOR | PHYSICIAN |

72e ADDRESS R. Lane Wroth, M.D. St. Michaels, Maryland 21663 73s BURIAL CREMATION REMOVAL 23b DATE 73r. NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OF YOMN 3/3/87 Burial Spring Hill Cemetery Easton Talbot MD 254. SATE RECD. BY REGISTRAR 25% REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Newnam Funeral Home Easton, Maryland (VRA 15, 4)

DHMH - 16 60M 7/84



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

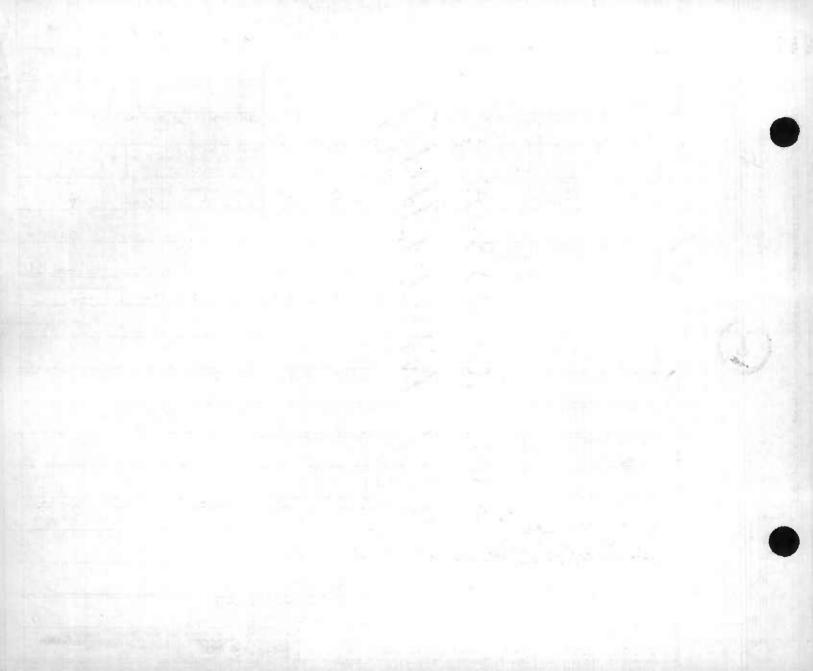
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6		CEASED NAME	FIRST		MIDDLE	ı	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b HOU	IR
	SALL	OR PRINT)	JOY	CE	M.	F	REESER	1 K - 6 -		03	14	87	6:00	AM
	3. SE)	х		4 RACE		S. DATE C			6. AGE (IN YEARS LAST BIR	THOAY)		DERIYEAR	IF UNDER	24 MRS
	Fe	emale		White	e	04	13	33	53 YRS		MONTHS	DAYS	HOURS	MIN.
1	70 BII	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8			9. BALTIMORE CITY C			EATH		
1	0	ouisiana		U.S	Δ	WIDOWE	D NEVER A	ORCED	Talbot					
ed.		ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C		, hand	12ª USUAL OCCUPAT		121	KINDO	F BUSINE	SS OR
		cDaniel	2177	Route	33 and Ne	w Roa	d		Homemak		Sufe) IN	DUSTRY		
)	13a S	al residence (IF NUR STATE aryland	136 COUNTAIL	ITY	130. CITY OR TOW McDanie	'N	13d INSIDE C	NO K	13e.STREET ADDRESS Rt 33 & Ne			2164	47	
h	14 FA	ATHER'S NAME		MIDDLE	LAST	30		MAIDEN NAM	Æ			- 10.00		
		Fred		MIDDLE	Mesh	ell Sr	_	ucv	M.			Lon	gorio	
		VAS DECEASED EVER			166. SOCIAL SECU		17. INFORMA		ADDR	SS			0	
	no	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	439-46-6	6769	Theod	ore S Re	eser P O Bo	x 31	4 St	Mich	aels	MD
		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), and	d (cs.)					T		MATE INTER	
		PART I. DE ATH V	TAC CALICE	D BV			with 1	henatic	encephalor	aths	7		s.	OLA!!!
			IMMEDIA						<u> </u>	acii		<u>y</u> 1	3	
		Canditions, if any	which	DUE 10, O	R AS A CONSEQUE	NCE OF								
		gave rise to important cause (a), status	mediate	10)_	2 4 5 4 5 6 0 4 5 5 6 4 5	. 105.05								
		underlying cause		DUE 10, O	R AS A CONSEQUE	INCE OF								
	7	PART 2. OTHER SIG	NIFICANT (CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CON	DITION (GIVEN IN	PART 1co	3	
	CERTIFICATION													
ì	N S	190 DATE OF OPERA	TION	195 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		YES, WER			
	E								YES NO		YES 🗌		NO [
1	Ö	210. ACCIDENT WAS UN	_		FINJURY M. MONTH DA	AY YEAR	21c. HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 1	8 PART I O	R PART 2)		
	CAI	(IF EITHER NOTIFY MED	CAL EXAMINER) P.	M.	19								
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATIO	N	CITY OR 1C	WN	C	OUNTY	5	TATE
		AT WORK NOT W	PHILE DIRK		Maria de Casa	- 22							1	
		220 I certify that (1)	(this hospi	tal) attended th		Nov.	4	, 19.86		4	_, 1987	-	that (I) X	
		saw the deceas	ed alive an	re D	6 19 E	. ar	nd that in (my)	(oXXopinion de	eath occurred on the d	ate and h	our and	from the	causes sta	oted
		21 CHATTURE	1.	16.		11/2	GREE	TTENDING	MEDICAL CTA		2	2c. DATE	SIGNED	
		suchau	14	Mar	ue ols	111	2	TTENDING PHYSICIAN X	MEDICAL STA	IAN				
1		224 PHYSICIAN'S N	AME (THE II	Kellini)	0		22e. ADDRES							
		Richard	R. Ma	negold, I	M.D.		Mem	orial Ho	spital, East	on, N	1D			
	23a B	BURIAL, CREMATION,	REMOVAL	236 DATE	23c. N	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		10 (01	**************************************		1415
		urial		3/17/	/87 We	oodlav	n Mem	orial Pk	Easton		Talb			I D
	24. FU	UNERAL DIRECTOR	AL DAY		ADDRESS	1000			REC'D. BY REGISTRAR	256 REG	ISTRAR'S	SIGNA	URE	
	N	ewnam Fur	eral F	Tome	Easton Ma	rylan	d	DAAA	1 0 1987	ulia	Davido	nsv. Ko	A SAME	

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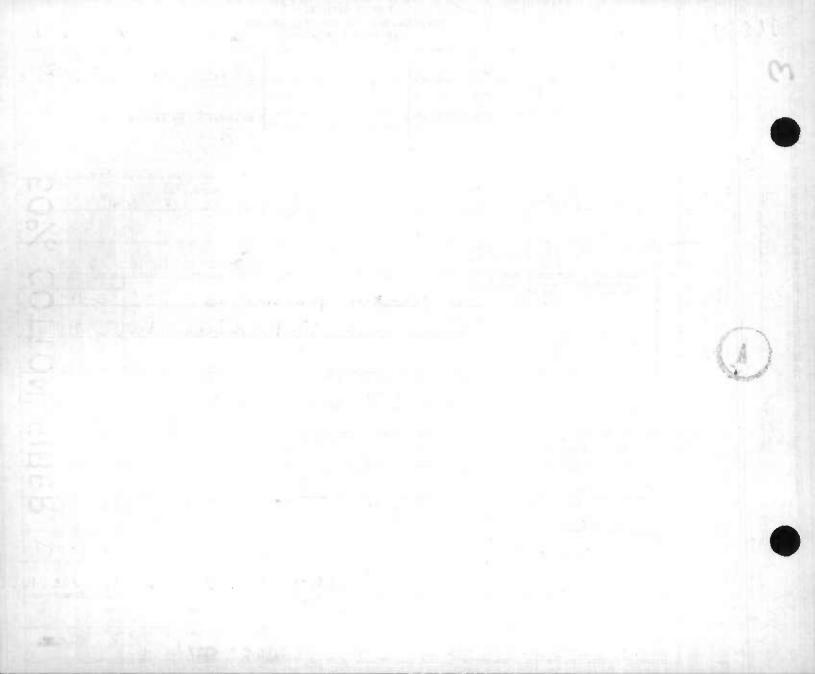
Newnam Funeral Home

Easton Maryland

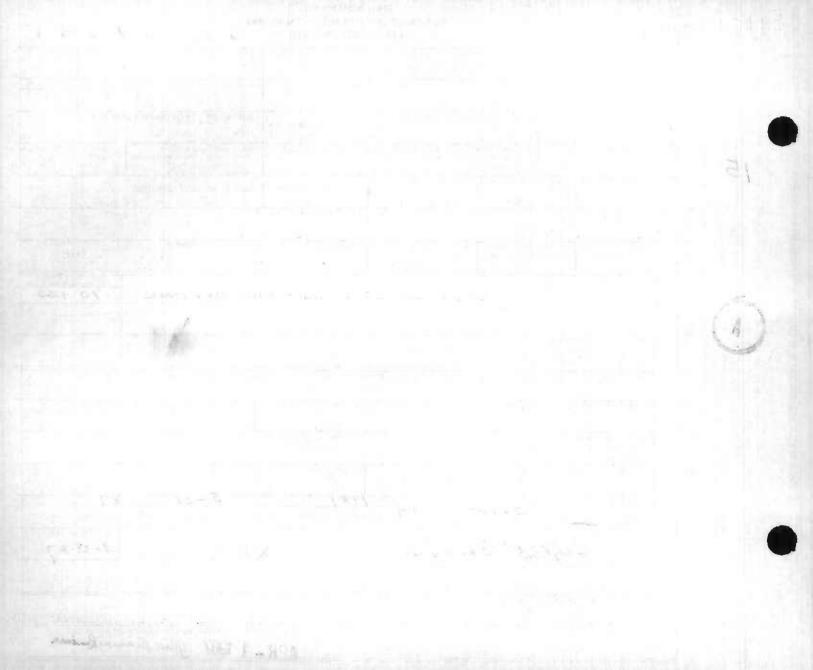


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	3 SE		4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BI		UNDER I YEAR	HOURS MIN.
ge 4	M	ale	White	9	11	12	12	74	YRS		
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100 000		aryland	U.S.A	١.	WIDOWE		ORCED	Talbo	1.		MD.
1 1 1 1 C	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSI		R OTHER INST	ITUTION	12a USUAL OCCUPAT		126 KIND O	F BUSINESS OR
The state of the s	E	OSTON	Men	neial	HO3	pita		Salesman/R			nces
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5 0	160 V	VAS DECEASED EVER IN U.S.		166 SOCIAL SEC		17. INFORMAL		ADDF	ESS	Dai	10
Pages	n		GIVE WAR OR DATES)	103-10-9	624	Phyllis	Rover	Rd 1 Box 11	7 Easton	n MD	21601
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hysin populoval		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	r only one couse pe USED BY.								
ng p ban rem		IMMED	DIATE CAUSE (o)	asp	Tari	rou b	neur	some		3-	11-81
th ndi				R AS A CONSEOL		0 4	m D	a ·			7.
		Conditions, if any, which gove rise to immediate	(b)	arte	ruos	ware	ueto	urkurton	2 ause	Wee	uncerta
(A) }		couse (o), stating the underlying couse lost	DUE TO, C	R AS A CONSEOL	ENCE OF						
			((c)_								
uny.	z	PART 2 OTHER SIGNIFICAN	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	NAL DISEASE OR COM	1DITION GIVEN	IN PART He	D
T. T. T.	CERTIFICATION	2.25.05.0050.7101	Tin cour			re		Van autopowa	Ton is use in	VEDE EILIE	
low r	S.	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	HOPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES, W		
The cron	=					Va. Maria		YES NO	YES [_	ио 🗆
A Hysin Hysi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		OF INJURY .M. MONTH D	AY YEAR	71c. HOW IN.	JURY OCCURR	ED (ENTER NATURE OF IN)	JRY IN ITEM 18 PART	1 OR PART 2)	
SICI 19 F certical	S	(IF EITHER NOTIFY MEDICAL EXAM	INER) P	.M.	19						
PHY phys this d M	MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC 1	211. LOCATIO	N	CITY OR T	DWN	COUNTY	STATE
offer the thought of the	1	WHILE NOT WHILE									1000
NDII L or Use a lealt		22a.1 certify that (1)(this he			3~1		. 19 87		. 19	87	that (i)(we) last
Porto Porto Porto Porto 2112		sow the deceased alive	on 3-18	ofter death	87, 01	id that i (m)	(our) opinion d	leath occurred on the o	lote and hour o	nd from the	couses stoted
OR A DIRECTOR A DIRECTOR OF THE POST OF TH		22b. SIGNATURE				DEGREE				22c DATE	
4 4 4 6		Robert	N. Tre	ver. M	. D.	A	TTENDING HYSICIAN	MEDICAL STA		3-1	18-31
HOSPITAL need by the FUNERAL side be deto if the State I ORTANT: If	1	224 PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRES	5				
- 0 - 0 + 0		Robert W. Tr	ever. M.D			RI)3:	Box 29'	7 Eas	ston	,Md.2160
0 5 5 5 8 8 4	23a E	BURIAL, CREMATION, REMOV			NAME OF C	EMETERY OR C		23d. LOCATION			,
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	_	JNERAL DIRECTOR	0/21/	- 11	Jodiav			REC'D. BY REGISTRAL			
DHMH - 16 60M 7/B4		NAME	Lomo	E octon	Monul	nd	100	Localita	The second	in the A	ands
(VRA 15, 4)	IA	ewnam Funeral	nome	Easton,	Waryla	allu		P 2 3 1087			



				STATE OF MARYLAND			
9/2/ APR	D.	FOR	DEPARTA	MENT OF HEALTH AND MENTAL HYG	SIENE 2	0 9	4 1
	100	REGISTRAR		CERTIFICATE OF DEATH	REG. N		
o 6.5		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
nay be page 3		BILLI		BIN	MARCH 28		3:10A.
after p	3. SE	×	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	MONTHS DA	
oge ors		FEMALE	CAUCASIAN	MAY 3, 1915	71	YRS.	
B 50 /59		RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY OF DEATH	
deoi 1		NEW YORK	U.S.	WIDOWED DIVORCED	TALBOT		MD.
ا الله الله الله	10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATE		D OF BUSINESS OR
		ASTON	1 THOROGOOD		EXECUTIV		ERTISINO
C _ H & C & A	USU.	AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUNT			13e STREET ADDRESS	/ ZIP CODE	
n 24 filled	MAI	RYLAND TAI	LBOT EASTO			SOOD LANE	/21601
4 (2.5) BAA	14 FA	ATHER'S NAME	IDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST
	1	MARTIN H. RUB		FRANCES C	ONE		
dicol dicol		VAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRE	P.O. BOX	308
Page ex		NO		6956 KATE R. SP	RINGS	ROYAL OAK	MD.216
a Property		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), one	d (cv.)			POXIMATE INTERVAL EN ONSET AND DEATH
		PART I. DEATH WAS CAUSED	CAUSE (0) COLOS CAT	I CER & BERIN + L	UNG MEMBE		0 425
		HISTOCOTT IS	DUE TO, OR AS A CONSEQUE				
De la lanc		Conditions, if any, which	(b)	The of			
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF			
\$ 5 5 5 E		underlying couse lost.	(6)	THE OF			
an bled or	7	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	Tra
the state of the s	CERTIFICATION						
4 414 51	S	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	
2 2 2 2 2	E				YES NO	YES 🗌	NO 🗌
4 5 5 5 5		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2	2)
0 505 1	S	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
ED TON D	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 211 LOCATION STREET	City OR TO	OUNTY COUNTY	STATE
the state of the s	-	AT WORK NOT WHILE AT WORK					E 12
A STATE OF THE PERSON OF THE P		22a I certify that (1) (this hospital	oil) oftended the deceased from	798/		19-	_, that (I) (we) lost
R ATTE hospite RECTO ned for ppt. of tem 21		sow the deceased olive on obove, (I) (we rand) (did not)		, and that in (my) (our) opinion	death occurred on the do	ote and hour and from t	he couses stoted
OR A bolkE DIRE Dept.		22b. SIGNATURE	000	DEGREE			TE SIGNED
Te et a		Heytin	of Comps	ATTENDING PHYSICIAN	MEDICAL STAF	CIAN []	29-57
HOSPIT, ined by funer funer funer ortan	3.5	22d PHYSICIAN'S NAME (TYPE OR		22e. ADDRESS			/
Proping A		Stephen P. C	Carney, M.D.	Dutchman's	s Lane Eas	ston, Mar	yland
2 6 5 2 1 2 7	23a. E	SURIAL, CREMATION, REMOVAL	23b. DATE 23c N	NAME OF CEMETERY OR CREMATORY	23d LOCATION		
BP		CREMATION	3/30/87 SA	LISBURY CREMATO		BURY, WIC	COMICO, ME
HMH - 16 60M 7/B4	24 Ft	INERAL DIRECTOR	ADDRESS		E REC'D BY REGISTRAR	25h REGISTRAR'S SIGN	DATHRE /
(VRA 15, 4)		NEWNAM FUNERA	AL HOME EA	STON, MD. APR	_ 1 1987 4	ulia Devider . T	-
						A	



DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21201

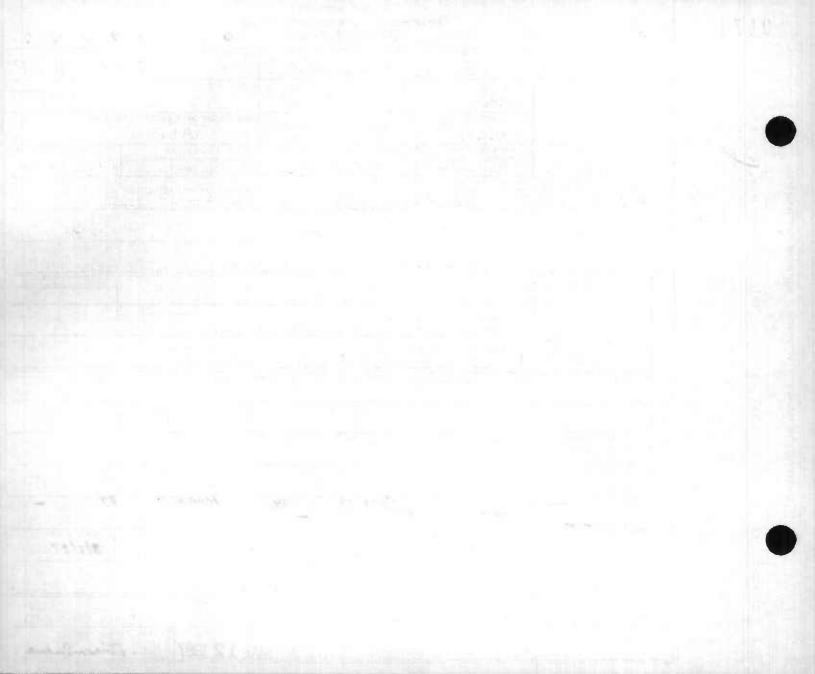
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

Newnam Funeral Home

Easton, Md. 21601 MAR 1 2 1987

BY REGISTRAR 250 REGISTRAR'S SIGNATURE

2 1987 Julia Junian Pudan



Centreville, Md.

Barton Funeral Home

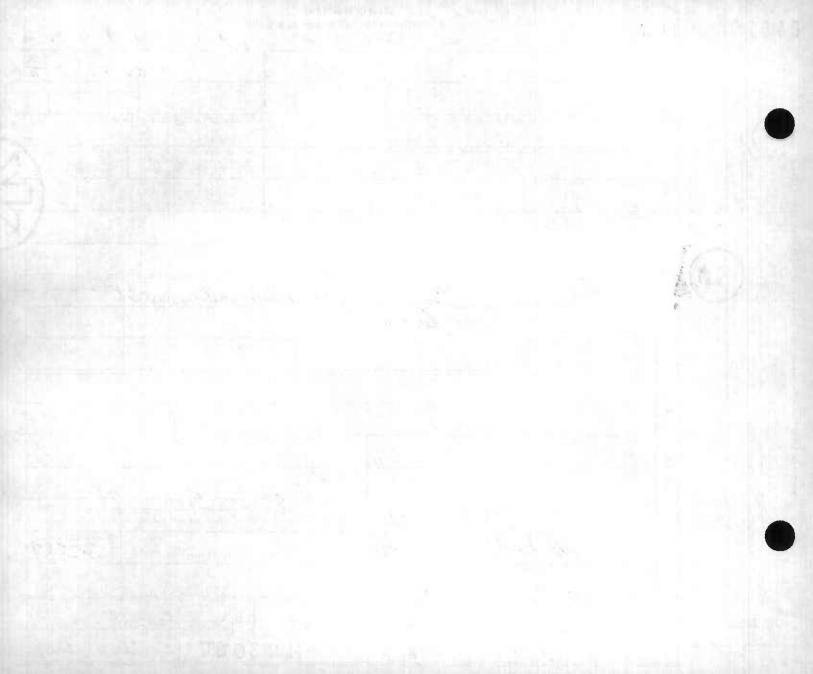
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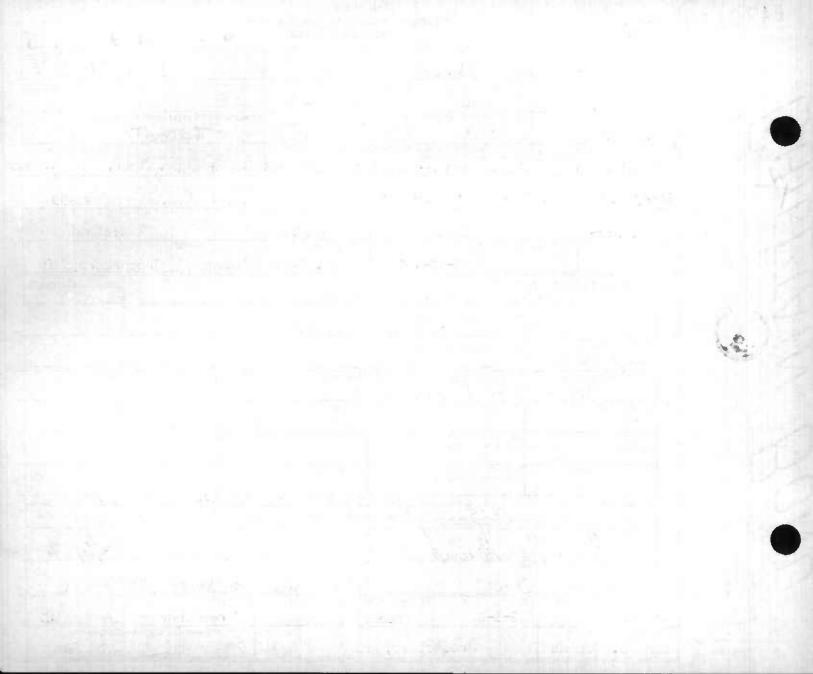
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	30230		R.	Ε.	SC	HULTZ		ETHE	L M	URPHY				
ON ON	858-Z	16a. V	VAS DECEASED EVER	IN U.S. ARMED FO	RCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRE:	SS			
BALTIMORE	EATE OF	(1	es, no, or unknown) NO	(IF YES, GIVE WAR OR D	JA169)	387-30-	3321	SHARON	M. SCH	ULTZ s	ee i	tem	13	
×	COBE &		18 CAUSE OF DEA	TH /Fater calls accord	aura nas lina		J J Z I	TOMARON	M. OCH	онта о	4°	APPR	OXIMATE INTERVAL	=
ST.	Lagara A		PART I DEATH W	AS CAUSED BY:	duse per lille	716.4 (a), (b), and (c).)	1000	- and	10 VARCU	1. 1	108		EN ONSET AND DEA	(H
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201	NA PERSON		lying cause last.		(c)									
DS.	ULID BE EXECUTED WITH "PENDING" IN PENCIL FF MEDICAL EXAMINER SED AS A BURIAL TRAN THEALTH AND MENTAL AL, CREMATION, OR RE		PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBL	TING TO DEATH 8	UT NOT RELATED TO THE	TERMINAL DISEA	ISE OR CONDITION GIVEN IN P	ART 1 to					=
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N N	PENDI PENDI PENDI D AS A HEALTH	CERTIFICATION	19a, DATE OF OPER	ATION	19h CONDIT	ION FOR WHICH O	PERATION	WAS PERFORMED?	1		-	IZD AU	TOPSY?	-
	A O SEE H	1 2												1
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Ö	E ME E	W W	210. EXTERNAL CAU	OR OR	21b. TIME OF HOUR A.M.	MONTH DAY Y		HOW INJURY OCCURR	ED TENTER NATUR	OF INJURY IN ITEM	18 PART 1 OR PA	RT 2)		
Z	SHOOF	18	CONTRIBUTING	CAUSE OF DEATH	P.M.	19								
DIVISION	ERTIFIC ING TH ED TO 3 SHOU BENEART	MEDICAL	21d INJURY OCCUR	RED		OF INJURY (AT HOME	21f. L(OCATION STREET	C. W.	OR TOWN		UNTY	STAT	_
2	HIS CERTIFICATE SH WRITING THE WOR ARDED TO THE CH CGG 3 SHOULD BE L THE DEPARTMENT CO 1201 PRIOR TO BUR	E	WHILE NOT	WHILE	SINEET, FACT	ORY, FARM, ETC.)	79	SINCEL	CITY	OKTOWN	CO	UNIT	SIAI	-
	± ≥ 2 2													_
	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: 1, WITH THE MARYLAND,		22a. I certify that	I took charge of the	remoins desc	ribed obove, held o	n Auto	psy . Inspecti	on [_], In	quiry L.	ond in my of	pinion		
	MINER HEICAT GTOR HTHE YLAND	1	death resulted from	m: Noturol caus	es L	Accident .	Suicide _	, Hamicide	Undetermin	ed manner				
	EXAM CERTIF ULD BE DIREC , WITH		-	21.	1	11		TITLE (SPECIFY)				>	lanla.	
	A POPULATION TO THE POPULATION		ACTUAL SIGNATURE	may !	1431	who BI	Com	M.D. Dipory	MEDICAL	EXAMINER	SIGNE	ED 7/	18/8	
	SE S		7	. 1/	/	/		RT 3	BOX 100	5			, '	
	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALLMORE,		(TYPE OR PRINT)	Ludwin	J. L	SLSEdE	RIIM	DODRESS DUT	ch mar.	s'LANK	61.	170-5	md 21	60
	TO MEDICAL EXAM EXECUTE THE CERT PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WITE BALLMORE, MARY	23a.B	URIAL, CREMATION,	REMOVAL 23b. DA	TE .	23c. NAME OF		OR CREMATORY	23d. LOCAT	ION		. 179		=
		(CREMATION	2 /2	0/87	SALIS			CITY OR TO	SBURY.	WIT CO	OM I.C	O, MD.	
07/8- 25M			UNERAL DIRECTOR	10/3	0/0/	LOWILLO	DOKI	250 DATE		ISTRAB 256 RE			PS IIID.	-
	DHMH - 17		NAME		ADDRESS			APR-	1 1301	0				
	(VR A15 ME (5))		JEWNAM FU	JNERAL_F	OME	EASTO	N, MI).						-

Newnam Funeral Home Easton, Maryland

(VRA 15, 4)







FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a DATE OF DEATH MONTH YEAR DECEASED NAME T. Smith TYPE OR PRINTS Margaret 3 22 87 9:15A 4 RACE 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX YEAR 94 MONTH White Female 92 YRS 78 BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Talbot WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR Easton TYPE OF WORK FOR MOST OF WORKING LIFE) IN HOME DEMO Agent IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Meridian Nursing Center County USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AGMISSION) 3a STATE Talbot Easton 13e. STREET ADDRESS Maryland Glebe Road 21601 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Baker Theresa Charles Smith ADDRESS silver Spring MD 168 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Henrietta Baker 2408 Colston Drive 220-44-2599 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: 3 CUKS IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STREET CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE WHILE 22a.1 certify that (1) (this haspital) attended the deceased from, saw the deceased alive an_ and that in (my) (aur) apinian death occurred an the date and hour and Iram the causes stated obove, (1) (we) (did nat) view the bady after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT: 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) ould be Stephen P. Carney, M.D. Dutchman's Lane Easton, MD 0 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236. BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY 23/87 Salisbury Wicomico Cremation Salisbury Crematory 25g DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 ADDRESS (VRA 15, 4) Newnam Funeral Home Easton, Maryland

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	0	9	3	4	
	112 01 1 1 0 1					-

-		REGISTRAR				CLI	THICKIE OF	PLATIT	U RE	G. NO.		1 19 May 1 To 1
1		CEASED NAME	FIRST		WIDDIE		LAST		20. DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
1	TITPE	OK PRINT)	ELIZA	BETH	LOUIS	E S	STINE		3 /	118		6AM
I	3 SEX	(4 RACE	4		ATE OF BIRTH	YEAR	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 MRS
1	F	emale		Wh	ite	ő		02	85	7110		HOURS MIN
1	7a BIF	RTHPLACE (STATE	OR FOREIGN	16 CITIZEN	OF WHAT COU	INTRY? 8	RRIED X NEVER	MARRIED	9 BALTIMORE C	TY OR COUNT	Y OF DEATH	
	P	ennslyvan	ia	U.S	S.A.			OIVORCED [Talbo	t		MD.
1		TY OR TOWN OF E	DEATH	11. NAME C	OF HOSPITAL, N		ME OR OTHER IN	STITUTION	120 USUAL OCCU			OF BUSINESS OR
		aston		Merio	dian Nur	sing Ce	enter-The	Pines	Secretary	1	Chemi	cal Industi
120	13a S	aryland	13b COUN Talb	TY	130 GIVE RESIDENCE 130 CITY O		13d. INSIDE YES X	CITY LIMITS?	Rio Vista			
1		THER'S NAME			10.00			S'S MAIDEN NA	ME			
1		Charle		F.		iller	1	Hester	MIE	DLE	N.	ewell
1	16a W	AS DECEASED EV				AL SECURITY N			A	DDRESS	14	ewell
١	no	ES, NO OR UNKNOWN)	(IF YES, GIVI	WAR OR DATES		0-9413	Retev	Stine 4	Country W	alk Hun	tington	Conn 0646
ı	- 110		4711.5				Detsy	Stille 4	Country N	aik nun		XIMATE INTERVAL LONSET AND DEATH
1		18 CAUSE OF DE PART I. DE ATH	WAS CAUSE	y one couse) BY:	per line for (o),	(b), odd (c)	10011	ARRES"			BETWEEN	LONSET AND DEATH
1			IMMEDIAT	E CAUSE (o)	CARD	TOTULIN	IONARY /	11415			-	
		Conditions, if a gove rise to couse (a), sta	immediate	(b)	OR AS A CON	TIPLE	CERE	RROVA:	scular f	CCI DEN	/73	
		underlying co	use lost,	100010	ARTE	RIOSCL	EROTIC	CARDIO	VASCULAR	DISEA!	E	
		PART 2 OTHER S	IGNIFICANT C	ONDITIONS					AINAL DISEASE OR			10
	ō		ORG	ANIC	BRAIN	V SYN	IDROM 2					
7	CAT	190 DATE OF OPE	RATION	19b CO1	NDITION FOR V	WHICH OPERA	ATION WAS PERF	ORMED	20a AUTOPSY		S, WERE FIND	
	TIF					13. 7%		100-10	YES NO	□ Y	ES 🗌	NO 🗌
1	MEDICAL CERTIFICATION	210. ACCIDENT WAS OR CONTRIBUTING [CAUSE OF DEA	TH HOUR	E OF INJURY A.M. MONT P.M.		EAR	INJURY OCCUR	RED (ENTER NATURE C	OF INJURY IN ITEM 18	PART I OR PART 2)	
4	DIC	21d INJURY OCC		21e PLA	CE OF INJURY		21f LOCAT	ION			COUNTY	
d	M	WHILE NOT	WHILE WORK	(AT HOME	STREET, FACTORY	OFFICE, FARM ETC	STRE	ΕT	CIII	OR TOWN	COUNTY	STATE
		22a. I certify that	di.	ol) ottendeg	the deceased	from	6//	19 0	} to	3/7	19 87	tho (1) we) lost
		sow the dece	eosed alwegn	3/9	ody ofter death.	19	_, and that in f	our) opinion	death accurred on	the date and ha	ui and from the	causes stated
		226 SIGNATUR	D	THEW THE DO	ody offer deom.		DEGREE				22c. DAIE	SIGNED
1		1	Pores	er			MD	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []	3/	7187
		22d. PHYSICIAN'S	NAME (TYPE O	RPRINT)	III H		22e ADDRE	SS			1.15	
		SKE	MER	, W	ILLIAM.	5	ST	MICH	AELS 1	nd 2	1663	
	23a B	URIAL, CREMATIC	N, REMOVAL	23b. DATE		23c. NAME (OF CEMETERY OF		23d LOCATION	1	1000	
	В	urial		3/10	/87	Cumb	erland Ce	emetery	Ridley	Park; De	laware (County; P
	24 51	INIEDAL DIDECTOR				•	-	DE- DAT	TE DEC'D DY DECIE		TRADIC CIONIA	******

DHMH - 16 60M 7/84 (VRA 15, 4)

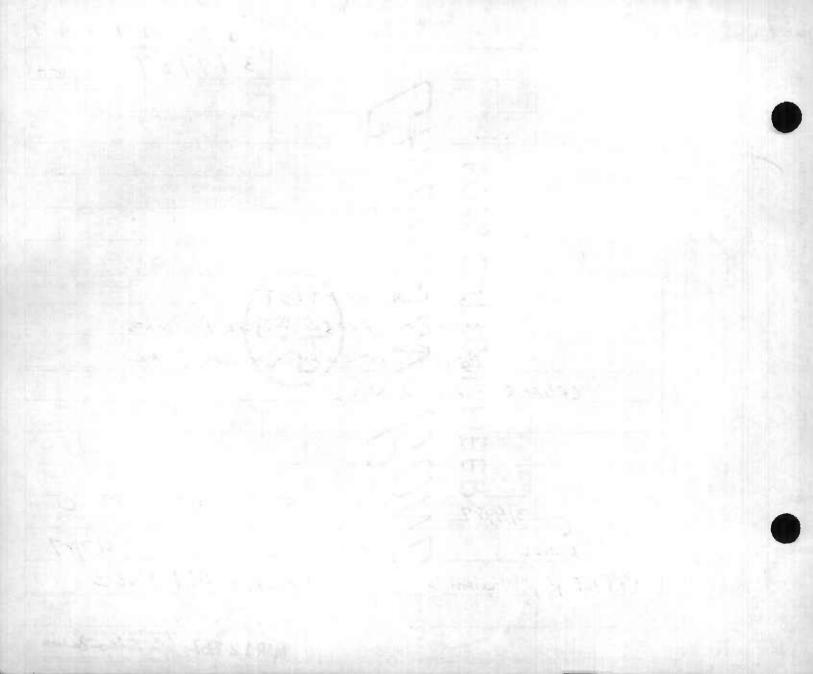
TO HOSPITAL

BP

Newnam Funeral Home

Easton, Maryland

MAR 1 2 1987 Julia Dandon Rudow



9725 400	1:	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RIMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 REG. NO	09350
1 31		CEASED NAME 1451	Elizabet	TUBBS Stubbs	20 DATE OF DEATH	3-17-87 26 HOUR 41TPM
acter, po	7. SE	Y Female	White	5. DATE OF BIRTH MONTH DAY YEAR 02-02-00	6 AGE (IN YEARS LAST BIRT	HDAY IF UNDER 1 YEAR IF UNDER 24 HRS
1 12 36		RTHPLACE)) and design (country) and	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED D	9 BALTIMORE CITY OF	R COUNTY OF DEATH
93	I	EASTON	LIF NOTINGUCH FACILITY, GIVE STR	AL HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY
1	13a :	AL RESIDENCE (IF NURSING HOME OF STATE 136 ZOUN	OTHER INSTITUTION GIVE RESIDENCE BEF STY 134. CITY OR TO Church	NO DANN 134 INSIDE CITY LIMITS?		ZIP CODE 2, Green St. 21623
1 19/2	0	Jarvis Tate	LAST		Meredith ADDRE	LAST
CV2		WAS DECEASED EVER IN U.S. AR YES, NO DE UNINOWN 14 HES, DA NO	217-30-			ox 158DD, Hartly, DE
		PART I. DEATH WAS CAUSE	lly one cause per line for (a), (b), D BY: IE CAUSE IIII	ond ic Melingura		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WERE
that the death ce of by the attending loans remove carb of cremation, and		Conditions, if any, which gave rise to immediate course list stating the underlying cause last.	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	DUENCE OF		
Principle Thesp of sobor	NO		CONDITIONS <u>CONTRIBUTING T</u>	O DEATH BUT NOT RELATED TO THE TER/		
he low out. has be rene pro	CERTIFICATION	1% DATE OF OPERATION	19b. CONDITION FOR WHE	CH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SCIAN, 1 o physic entiticati intel type		21s. ACCEDENT WAS UNDERLYING. ☐ OR CONTRIBUTING. ☐ CAUSE OF DE- LE ESTAGE, INCLUDY WEDICAL EXAMINES	HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART ?)
the this control of the control of t	MEDICAL	TH MURY OCCURRED	21e, PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	CE, FARM ETC) 211 LOCATION STREET	CITY OR TO	wn COUNTY STATE
ATTENDS or SECTOR, at all for use at a different to all Health to a Health to a little to		saw the deceased alive on above (1) (we) (did) (did no	it view the body after death	and that in (my) (our) opinion	death occurred on the do	19 tha (Me) last and have and from the causes stated
RAL OR RAL OR SAL DIRE Setsche horte Dep		THE SHOWATORS	untly	DEGREE ATTENDING PHYSICIAN	STAF	22c. DATE SIGNED 3 - (8 - 2)

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR Tom Helfenbein Funeral Home Chester, Md.

03-21-87

Thomas Fauntleroy, M.D.

23b. DATE

23a BURIAL CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

Easton, Md. 21601

23d LOCATION COUNTY

STATE

MD

Sudlersville Cemetery Sudlersville O.A.

750. DAIE RECD. BY REGISTRAR 255. REGIST

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19-31-19-1 - ministration in to the town telephone Co. .

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STATE OF MARYLAND A STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME DAY 7h HOUR (TYPE OR PRINT) Helena DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 3. SEX MONTH OAY YEAR 74 White 02 Female 01 13 BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. Rumania COUNTY WIDOWED DIVORCED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Easton Homemaker USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 36 COUNTY 136. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN Maryland Caroline Denton Route 1 Box 189 A NO X 21629 15. MOTHER'S MAIDEN NAME LEATHER'S NAME Adolf Kneusel-Herdlicka Baktsi Erzsebet ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 264-82-5990 Louis Tar Rt 1 Box 189A Denton MD 21629 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN STATE NOT WHILE 27 Leertify that (1) this haspital) attended the deceased from_ 1987 saw the deceased alive an 3-29 above. (I) we did (did not) view the body after death. , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22r DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3-30-87 276. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Box 297 Easton, Md. 21601 Robert W. Trever, M.D.

DHMH - 16 60M 7/84 (VRA 15, 4)

Newnam Funeral Home

230 BURIAL, CREMATION, REMOVAL 23b. DATE

(SPECIFY)

Cremation

24 FUNERAL DIRECTOR

Easton Maryland

3/30/87

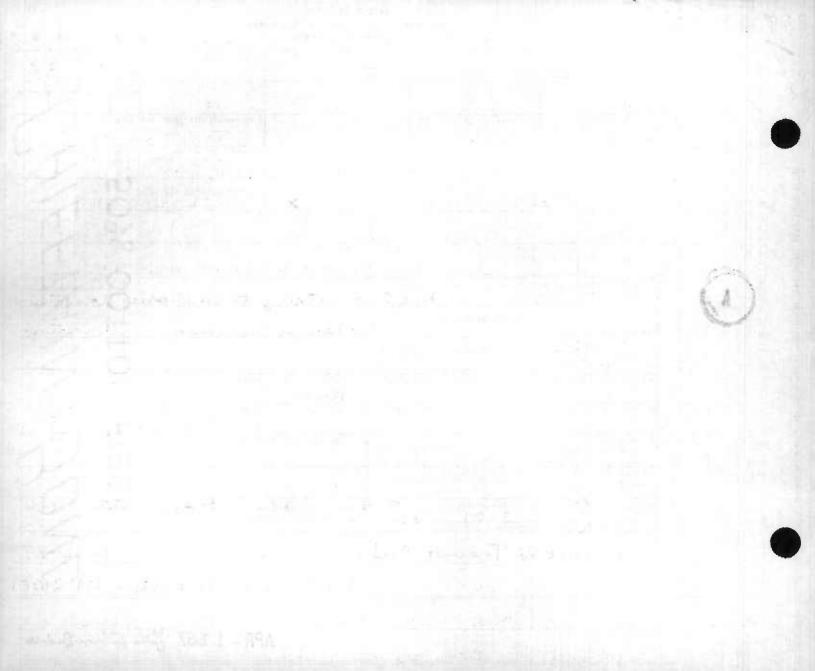
23c NAME OF CEMETERY OR CREMATORY

Salisbury Crematory

Wicomico MD

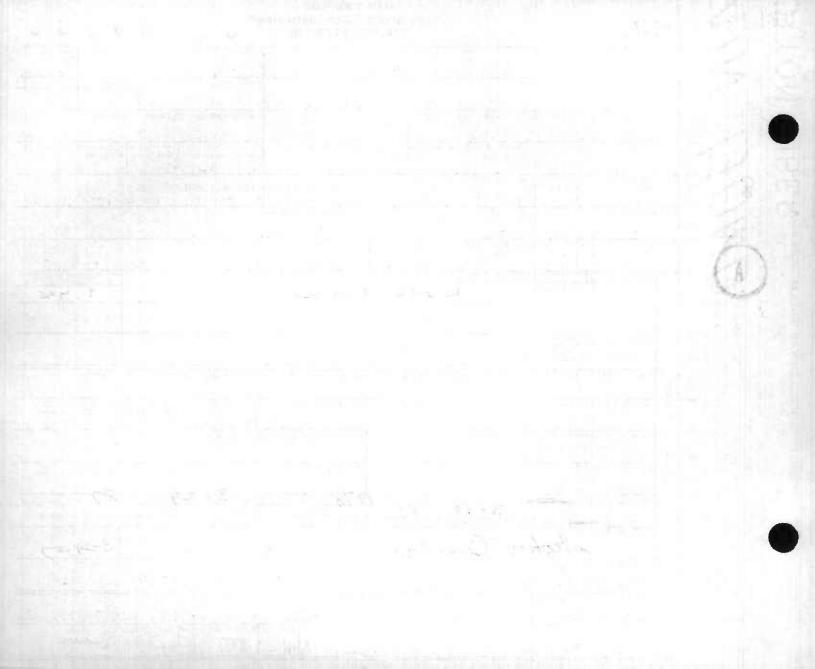
23d LOCATION

Salisbury





101-				STATE OF MARYLAND		
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		REGISTRAR		CERTIFICATE OF DEATH	8 4 U	9000
	1 DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26. HOUR
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nay be page 3	3. SE	AMY	R	THOMAS	MARCH 29, 198	
ofter.	3 36	X	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS
ge ect		FEMALE	CAUCASIAN	OCTOBER 14,190	05 81 YRS.	
2 92/6/	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
10 11 100		DELAWARE	U.S.	WIDOWED DIVORCED	TALBOT	MD
(D)	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
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			LBOT EAST		CHADWICK TER	RACE / 21601
まらうかの	14.F	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAST
-XX///		CHARLES G.	RUPERT	ANNA VAU		LASI
		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT		ADDRESS	
		YES, NO OR UNKNOWN) (18 YES, GIV	E WAR OR DATES)	2066 TAUDENCE	N MILONA C	1.
A.J.	-		221-09-		N. THOMAS SE	ee item 13
1001		PART I. DEATH WAS CAUSE	ily one cause per line for (a), (b), ar			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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nos bee	Š	190 DATE OF OPERATION	196 CONDITION FOR WHICE	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES.	, WERE FINDINGS USED YING CAUSES OF DEATH?
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certificat	¥	OR CONTRIBUTING CAUSE OF DEA	(11)	19		
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1. OR ATTE the hospito 1. DIRECTO toched for 1 fem 21		sow the deceased alive an above, (1) (are) (did no	t) view the body alter death.	and that in (my) (our) apinion	death occurred on the date and hour	and Iram the couses stated
		226 SIGNATURE	1 00 1	DEGREE		22c. DATE SIGNED
		Star	6-6 Charles	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3-29 -
FUNER ould be d h the Sto		226 PHYSICIAN'S NAME CAPE O	R PRINT)	220 ADDRESS	DIRECTOR PHYSICIAN [1 - 1 - 0
FUN Ide		STEPHEN P. C			TAME PACHON	MD 21601
TO FUNERA should be de with the Stot				DUTCHMAN'S	<u> </u>	MD. 21601
	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP		CREMATION	3/30/87 SA	ALISBURY CREM.	SALISBURY, W	
HAALI 44 4044 7/0	24. F	UNERAL DIRECTOR			E REC'D. BY REGISTRAR 256. REGISTR	
DHMH - 16 60M 7/B4 (VRA 15, 4)		NEWNAM FUNER	AT. HOME EN	STON, MD. APR -		in Rondors
, , , , ,		MEMINIAN LONER	HUPTE EAS	TON, MD. ALL	7 1001	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST DECEASED NAME 20. DATE OF DEATH MIDDLE MONTH 2h. HOUR SARAH W. THOMPSON 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR DAYS Female White 05 05 20 66 YRS To. BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Misourri U.S.A. Talbot WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Easton Lee Haven Road Merchant Clothing USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Talbot Lee Haven Road 21601 Easton 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Elizabeth Edgar Withrow Rash 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) 500-18-5378 W Stuart Thompson Jr P O Box 26 Easton MD no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 71n ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated did not) view the body ofter death DEGREE 22c DATE SIGNED ATTENDING DIRECTOR PHYSICIAN HYSICIAN'S NAME 22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

ould be

Hygi

Newnam Funeral Home

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

Cremation

24 FUNERAL DIRECTOR

William J. Banfield, M.D.

3/9/87

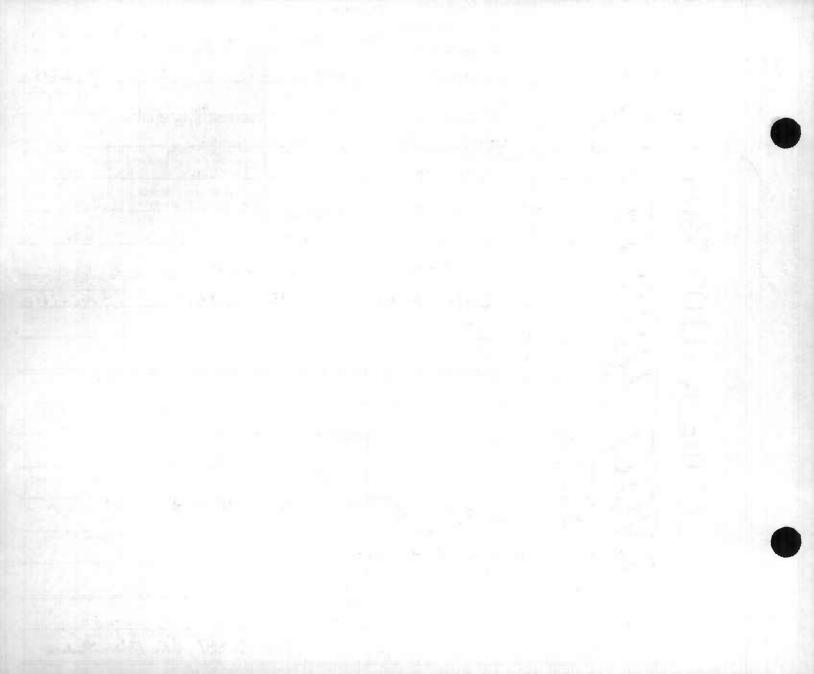
Easton, Maryland

Salisbury Crematory Salisbury

505 Dutchman's Lane Easton, MD 21601

23d LOCATION

Wicomico



048969

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ö	REG. 1	١٥.	0	9	j	5	
E OF	DEATH	HTMOM	DAY	YEAR		26. HOUR	-3

FOR	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE	
REGISTRAR		CERTIFICATE OF DEATH	B REG. NO.	0 4 2 2 2
L DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(TYPE OR PRINT) GOOGLE.	41.	Todal	March 18	1987 9-AM
1. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
male	White	1 2 2 1910	77 YRS	MONTHS DAYS HOURS MIN.
O. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
JPA.	USA	WIDOWED DIVORCED	Talbot	MD.
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b KIND OF BUSINESS OR
Easton 1	Memoria	Hospital	Douttry FAIL	
LISUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION) OWN 113d, INSIDE CITY LIMITS?	13e STREET ADDRESS ZIP CO	55
TYIO.C. II. C.	oline Federals		Liberty Rd. F	ed. md. 21632
IA FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		LACT
DAMES Le	on Tod	d MAry	MODIL	PAYNE
	RMED FORCES? 16b SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	- 2/632
Do	2/5-01-	1228 Deanette 1	odd Liberty K	d. Fad. Md.
	nly ane cause per line far 1917(b),	andic 1 - Do		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSI	TE CAUSE (a)	perature . 16 h	Clenton	341/m
	DUE TO, OR AS A CONSEC	DUENCE OF	-10 0 0 10	1 121
Conditions, if any, which	(16) Corec	rovascular disens	e with brillions	1 154
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEO	DUENCE OF	Stope	
underlying cause last	((0)		111111111111111111111111111111111111111	
	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION C	GIVEN IN PART 110
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190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
TX .				YES NO
210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM I	B PART (OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINE		19		
21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	E FARM, ETC 211 LOCATION STREET	CITY OR TOWN	COUNTY
AT WORK AT WORK		1976	2/12	9-7-
220.1 certify that (1) (this hosp saw the deceased alive ar	oital) attended the deceased from		death accurred an the date and h	, 19, that (I) (we) last
abave, (I) (we) (did) (did no	at) view the bady after death		death accorred an the date and h	
228. SIGNATURE	with fort	DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
22d, PHYSICIAN'S NAME (TYPE	N W UUTL	PHYSICIAN 1	DIRECTOR PHYSICIAN	1/10/0/
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23 2002011 525 11 11 20 1	J WELL	1267	JION TO	
230 BURIAL, CREMATION, REMOVAL	3-20-87	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
migi	12-70-01	dillcrest Cemator	4 rederal sourg	Caroline Marylan

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR A should be detached for use with the State Dept, of Plea

24 FUNERAL DIRECTOR

Williamson Funeral Home

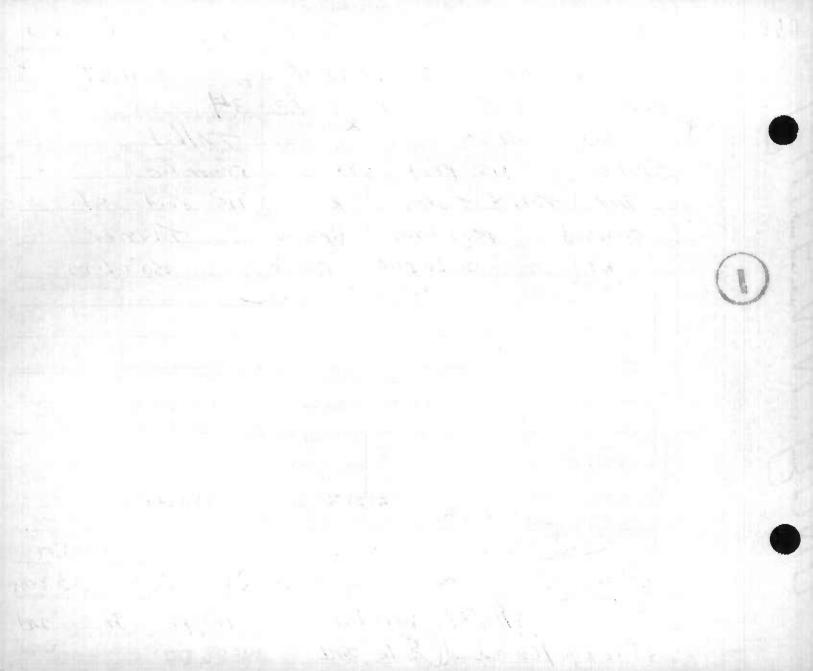
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STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGIENE - STATE - REGISTRAR I. DECEASED NAME 20. DATE KNOWN 26 HOUR Gertrude Trice (TYPE OR PRINT) OF EST1 198 DEATH MATED 6 AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS d HOUR DATE LAST BIRTHDAY PRONOUNCED 09-14-19 DEAD Female White 67 TO BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRYS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED POREIGN COUNTRY) DIVORCED WIDOWED -Germany Talbot County THE CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS 120. USUAL OCCUPATION LTYPE OF WORK CIENOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Easton Easton Memorial Hospital Sales Clerk AL RESIDENCE UE IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONAL 1134 STREET ADDRESS Southeast Creek Road a STATE 136 COUNTY 13d. INSIDE CITY HANTS? Maryland Queen Anne's Church Hill YES 21623 1 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST George Jacob Reichwein Elisabeth Schwartz ADDRESSP WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. ES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) No Brady, Marionville. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sclerofic Candi IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION SED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CATE, WRITING THE WOR FORWARDED TO THE CAOR: PAGE 3 SHOULD BE UNESTATE DEPARTMENT YES [] NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH PM 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21L LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE H, WITH THE S MARYLAND, 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted fram Natural causes Hamicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, N BALJWORE, M SIGNATURES EXAMINER'S NAME (TYPE OR PRINT) 23e BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE 04-01-87 Church Hill Cemetery Buri al 07/84 Church Hill MD 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR 21623 **DHMH - 17** APR (VR A15 ME (5)) Tom Helfenbein Funeral Home. Church Hill. MD

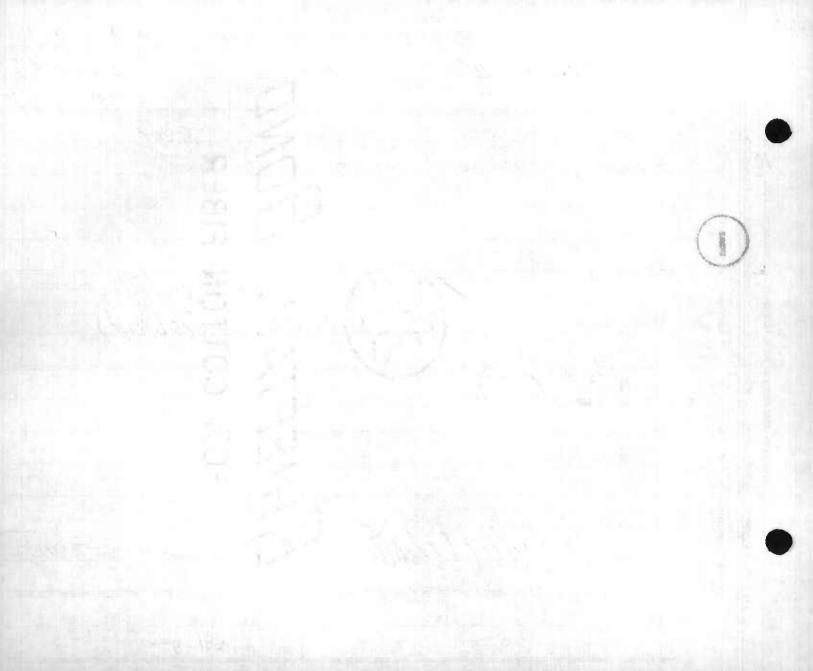
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI FOR YOUR FINE WITHIN 72 HOURS PRESTON STREET, DEATH MATED 3 SEX AGE (IN YEAR E LINDER 24 HRS DATE YEAR AST BIRTHDAY HOURS PRONOUNCED 12 65 21 Male White DEAD PA BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CIT MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED X DIVORCED IR CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Tree Expert Tree Company USUAL RESIDENCE HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 13c CITY OR TOWN 13b. COUNTY 3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Talbot Easton 604 Goldsborough St 21601 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AAIDDI F LAST MIDDLE LAST FIRST BALTIMORE. Usilton GEorgia Edward Etta Hyser. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT YES, NO. OR UNKNOWN LIFYES GIVE WAR OR DATEST WW II 220-26-1118 Mary Ann Wooters Rt 1 Box 153 Preston MD ves CAUSE OF DEATH (Enter only one couse per l BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE REMOVAL DUE TO: OR AS A CONSTQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the underlying couse last. DITIONS CONTRIBUTIONS TO SEATH BOT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO USED AS A E CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USE DEPARTMENT OF 11 PRIOR TO BURLA 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2 0 HOUR A.M. MONTH DAY UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE BALL TIMORE, MARYLAND, 22a I certify that I took sharge of the lengting described above, held on Autopsy Inspection death resulted from determined manner ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME St. Michaels, MD 21663 R. Lane Wroth. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION Burial 3/23/87 Chesterfield Cemetery MD Centreville Queen Anne 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Julia Deproson Newnam Funeral Home Easton, Maryland (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) HNNA 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS. Female White Feb. 6, 1896 To. BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Jersey U.S.A. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife Own Home ME more DL JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13k COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Caroline Maryland Preston Rt. 2, Box 163 I FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Frederick Reckenbeil Emma Anacker 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Preston, Md. 21655 IYES NO OR UNKNOWN No 143-12-4888 Arthur R. VanSchaik, Rt. 2, Box 163, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 120110 10 MINUTES Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) This haspital) attended the deceased from sow the decrosed alive on 7/25 above (D) (we) (did) (did not) view the body after death and that in (a) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL should be deta PHYSICIAN DIRECTOR PHYSICIAN 701 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Mar.30,1987 Spring Hill Cem. Talbot, Maryland Easton, 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) Hambin 216 n. main St.

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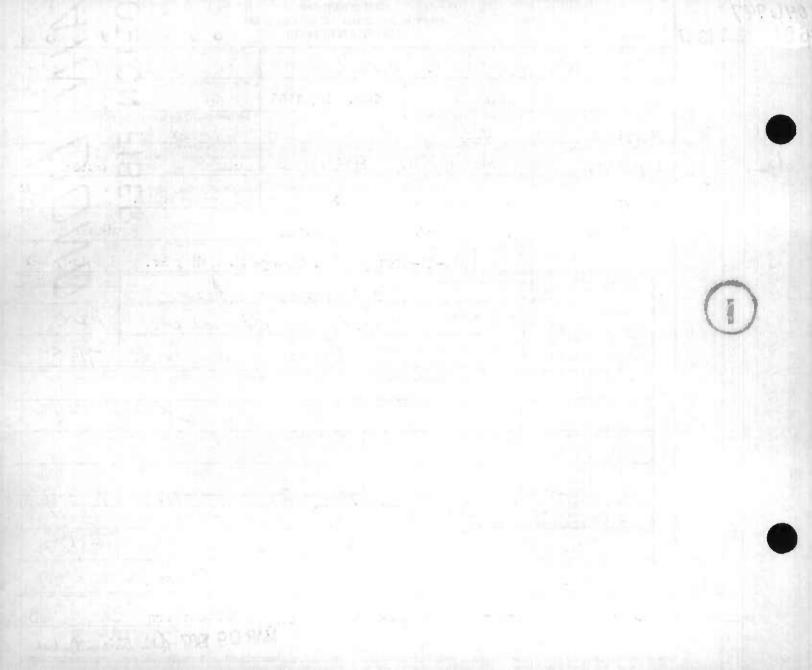
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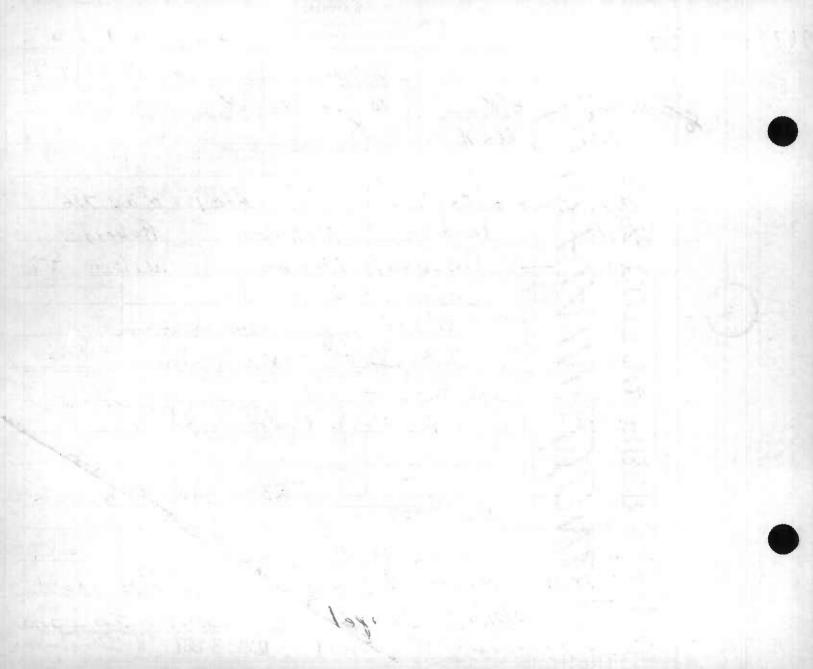
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046947 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH . DECEASED NAME 2h HOUR (TYPE OR PRINT) W. 4 RACE & AGE (IN YEARS LAST BIRTHDAY) 3 SEX Oct. 16, 1905 81 White Male To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryland WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT AN SUICH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY cutter button USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, 130. STATE 13c. CITY OR TOWN PRESTON ST., BALTIMORE, MARYLAND 2 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Caroline Apts. YES IX Caroline Denton NOF Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Faulkner Sarah Walter Walls ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT HE YES GIVE WAR OR DATES! Mr. George H. Walls, Sr. Denton, MD 219-01-0490 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 RECORDS. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 201 IF YES, WERE FINDINGS USED 200 AUTOPSY? N CERTIFYING CAUSES OF DEATH? NOF YES F NO [210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY LIFEITHER NOTIFY MEDICAL EXAMINERS PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET COUNTY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 27s I certify that (I) this haspital) aftended the decrayed from in (my) our) opinion death occurred on the date and hour and from the causes stated 72h SIGNAHUR DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be with the St 22d PHYSICIAN'S MAME (TYPE OR PRINT 22e ADDRESS 3 MARVEL CT GASTON MO 230 BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b DATE Burial Greensboro Cemetery 2-27-87 Greensboro MD 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Boulais Funeral Home Greensboro, Md.

(VRA 15, 4)



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e κ±		CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
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or. p	3. SE		4 RACE 5. DATE OF BIRTH 6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 14 FAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
urs cr	/	MSO	B/N 10 18 18 68 YRS.
7 2 1 P	Pri B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
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The date		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION 117PE OF WORK FOR MOST OF WORKING LIFE) 117PE OF WORK FOR MOST OF WORKING LIFE) 117PE OF WORK FOR MOST OF WORKING LIFE)
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With Carel	14. F	THER'S NAME	MIDDLE LAST MOTHER'S MAIDEN NAME MIDDLE LAST
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	23o. E	URIAL, CREMATION, REMOVA	AL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY ENGLISHED COUNTY
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12h KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE) INDUSTRY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 21601 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION DHMH - 16 60M 7/84

STATE OF MARYLAND

2b HOUR



23h DATE

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR CREMATORY

20 DATE OF DEATH MONTH

26 HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

26

YES [

23d LOCATION

New Market Cem. East N. Mkt. Dorch. Md.

COUNTY

274: DATE SIGNED

IF UNDER I YEAR

INDUSTRY

N.A.

LAST

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

Burial

- STATE

REGISTRAR DECEASED NAME

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